

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
TISEI CONGRESSIONAL COMMITTEE

ADDRESS (number and street) 26 MAIN STREET
 Check if different than previously reported. (ACC) LYNNFIELD MA 01940

2. **FEC IDENTIFICATION NUMBER** ▼ C C00506170 CITY ▲ MA STATE ▲ 06 ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRIAN CRESTA

Signature of Treasurer BRIAN CRESTA [Electronically Filed] Date M M / D D / Y Y Y Y 08 / 28 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TISEI CONGRESSIONAL COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	423793.47	1019384.32
(b) Total Contribution Refunds (from Line 20(d))	100.00	15725.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	423693.47	1003658.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	218017.21	445143.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	20196.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	218017.21	424946.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	819918.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	295056.19	780990.04
(ii) Unitemized.....	50822.28	94879.28
(iii) TOTAL of contributions from individuals ▶	345878.47	875869.32
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	77915.00	138515.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	423793.47	1019384.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	44986.51	200098.72
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	20196.44
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	468779.98	1239679.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	218017.21	445143.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	100.00	14975.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	15725.56
21. OTHER DISBURSEMENTS	0.00	6000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	218117.21	466868.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	569256.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	468779.98
25. SUBTOTAL (add Line 23 and Line 24).....	1038036.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	218117.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	819918.81

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

This report has been amended to correct the election cycle and the year-to-date totals.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEHAD ABU-ZAHRA

Mailing Address **29 MACKENZIE LANE**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FISHER COLLEGE** Occupation **PROFESSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN ADAM

Mailing Address **67 WALNUT RD**

City **WENHAM** State **MA** Zip Code **01985**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BANK OF AMERICA** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8562

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN ADDONIZIO

Mailing Address **38 BROOKS ST**

City **WINCHESTER** State **MA** Zip Code **01890**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EXAMWORKS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. RICHARD R AFRIKIAN

Mailing Address **25 MORRISON RD W**

City **WAKEFIELD** State **MA** Zip Code **01880-2150**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ESIS INC** Occupation **INSURANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7773

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MADLINE AGGANIS

Mailing Address **65 COUNTRY CLUB WAY**

City **IPSWICH** State **MA** Zip Code **01938**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8112

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PAUL AHERN

Mailing Address **135 COUNTRY CLUB ROAD**

City **MELROSE** State **MA** Zip Code **02176**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **SELF EMPLOYED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.7188

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK AIELLO

Mailing Address 607 NORTH AVE STE 15-2

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CYBER 360 SOLUTIONS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8492

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE T. ALBRECHT

Mailing Address 394 WASHINGTON ST.

City State Zip Code
WOBURN MA 01801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WOBURN FOREIGN MOTORS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8258

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DONNA ALOISI

Mailing Address 1 WILLOWDALE DR

City State Zip Code
LYNNFIELD MA 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHRUP ASSOCIATES REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7742

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. CARL A ANDERSON

Mailing Address 10 WOODCREST RD

City State Zip Code
MANCHESTER MA 01944-1034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANDERSON CONTRACTING SERVICE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8407

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN A ANDERSON JR

Mailing Address 3 WILLOWBY WAY

City State Zip Code
LYNNFIELD MA 01940-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANDERSON COMPONENT CORP SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8892

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ANTHONY ANTICO

Mailing Address 22 ANTICO CIRCLE

City State Zip Code
WALTHAM MA 02453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7612

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOHN ANTICO

Mailing Address 70 CHARLES RIVER RD

City State Zip Code
WALTHAM MA 02453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANTICO ESCAVATING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7610

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. GREGORY T ANTONELLI

Mailing Address 140 TREMONT ST

City State Zip Code
EVERETT MA 02149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GTA LANDSCAPING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8738

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS M ATWOOD

Mailing Address 2 HILLTOP CIR.

City State Zip Code
WEST NEWBURY MA 01985-1815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7750

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH BADOLATO JR

Mailing Address 410 SALEM ST
APT 807

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINE GRAPES OF NEW ENGLAND MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8884

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SHEILA A BADOLATO

Mailing Address 5 HUTTON ST

City State Zip Code
DANVERS MA 01923-3858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASS LIFT TRUCK SERVICE BUSINESS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8878

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES BAKER DR.

Mailing Address 865 CENTRAL AVE
UNIT E-204

City State Zip Code
NEEDHAM MA 02492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7353

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 244	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
UNKNOWN BAKER

Mailing Address **865 CENTRAL AVE
UNIT E-204**

City **NEEDHAM** State **MA** Zip Code **02492**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.9009

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM BARABINO

Mailing Address **3920 MYSTIC VALLEY PARKWAY
SUITE 109**

City **MEDFORD** State **MA** Zip Code **02155**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLIAM J. BARABINO** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7116

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID M BASILE

Mailing Address **15 FERNWAY**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JANNEY MONTGOMERY SCOTT LLC** Occupation **FINANCIAL SERVICES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7668

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ELIZABETH BASILE

Mailing Address 15 FERNWAY

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NURSE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
DONALD BATES

Mailing Address 31 SETTLERS WAY

City SALEM State MA Zip Code 01970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8548

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
BERT BEAULIEU

Mailing Address 1 CAROL ANN ROAD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHRUP ASSOCIATES REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.8082

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JIM BEDINGFIELD

Mailing Address 94 PROSPECT ST

City READING State MA Zip Code 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer RAYTHEON Occupation DEFENSE CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7712

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAULA BENARD

Mailing Address 4 DUNLAP RD

City BURLINGTON State MA Zip Code 01803

FEC ID number of contributing federal political committee. **C**

Name of Employer CN WOOD CO INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7124

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID A BENNETT

Mailing Address 28 CRYSTAL DR

City STONEHAM State MA Zip Code 02180

FEC ID number of contributing federal political committee. **C**

Name of Employer BENNETT CONST CO Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8894

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. SARAH BENT

Mailing Address **1 LEONARD ST**

City **GLOUCESTER** State **MA** Zip Code **01930**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8382

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ARTHUR F BERARDINO

Mailing Address **6 VICTORIA STREET**

City **EVERETT** State **MA** Zip Code **02149**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE LINE GRAPHICS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8916

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN T BERARDINO

Mailing Address **4 STAFFORD RD**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE LINE GRAPHICS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8914

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANTHONY SCOTT BERCUME

Mailing Address 36 FAIRVIEW AVE

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer MWRA Occupation SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8922

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
HARVEY BINES

Mailing Address 36 CLARKE STREET

City LEXINGTON State MA Zip Code 02421

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.8455

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
ALAN BIREN

Mailing Address 109 FOX RUN

City SUDBURY State MA Zip Code 01776

FEC ID number of contributing federal political committee. **C**

Name of Employer AMC CORPORATION Occupation EXECUTIVE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7986

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DANIEL BLANCHARD

Mailing Address 115 RICHMOND ST.

City State Zip Code
BOSTON MA 02109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GOODWIN PROCTOR LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7692

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRADLEY MARK BLOOM

Mailing Address 11 ALBION ROAD

City State Zip Code
WELLESLEY MA 02481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BERKSHIRE PARTNERS LLC. INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8177

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
THOMAS BOGART

Mailing Address 12 WIRTHMORE LANE

City State Zip Code
LYNNFIELD MA 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THOMAS BOGART

Mailing Address 12 WIRTHMORE LANE

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8480

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
KEVIN BOHOWLEY

Mailing Address PO BOX 369

City HAMILTON State MA Zip Code 01936

FEC ID number of contributing federal political committee. **C**

Name of Employer PEOPLE'S UNITED FINANCIAL Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8380

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. THOMAS J BOMBARDIER

Mailing Address 195 HANOVER ST

City HANOVER State MA Zip Code 02339

FEC ID number of contributing federal political committee. **C**

Name of Employer ASCOA Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8772

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3110.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEANNE BORAWSKI

Mailing Address **3 DEER PATH LANE**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PHILIP BORDEN

Mailing Address **12 CLINTON STREET**

City **CAMBRIDGE** State **MA** Zip Code **02139**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RIVERSIDE PARTNERS** Occupation **GENERAL PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7441

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAN BORDINARO

Mailing Address **PO BOX 1471**

City **GLOUCESTER** State **MA** Zip Code **01931**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BONMAL INC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8122

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ARTHUR BOURQUE

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7677

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JOAN BOURQUE

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7675

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
JOAN BOURQUE

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7676

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID BREAZZANO

Mailing Address 193 DUTTON ROAD

City SUDBURY State MA Zip Code 01776

FEC ID number of contributing federal political committee. **C**

Name of Employer DDJ CAPITAL MANAGEMENT, LLC Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.7393

Amount of Each Receipt this Period
5200.00

SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
DAVID BREAZZANO

Mailing Address 193 DUTTON ROAD

City SUDBURY State MA Zip Code 01776

FEC ID number of contributing federal political committee. **C**

Name of Employer DDJ CAPITAL MANAGEMENT, LLC Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.7394

Amount of Each Receipt this Period
-2600.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
DAVID BREAZZANO

Mailing Address 193 DUTTON ROAD

City SUDBURY State MA Zip Code 01776

FEC ID number of contributing federal political committee. **C**

Name of Employer DDJ CAPITAL MANAGEMENT, LLC Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.7395

Amount of Each Receipt this Period
2600.00

REDESIGNATED

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GERALD BRECHER

Mailing Address **P. O. BOX 474**

City **NORTH ANDOVER** State **MA** Zip Code **01845**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENDOEVOLUTION, LLC** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11AI.7594

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DUSTIN BROOKS

Mailing Address **27 SHERMAN STREET**

City **PORTLAND** State **ME** Zip Code **04101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRETI FLAHERTY** Occupation **PUBLIC AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7884

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BETSY BROWN

Mailing Address **1350 MAIN ST**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTHRUP ASSOCIATES** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7061

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DR. ARTHUR BUCKLEY

Mailing Address **5 CEDAR GROVE AVE**

City **PEABODY** State **MA** Zip Code **01960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.7253

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT BUELL

Mailing Address **P.O. BOX 181**

City **BOXFORD** State **MA** Zip Code **01921**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **INSURANCE BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8114

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J BUETOW

Mailing Address **10 CABOT COURT**

City **AMESBURY** State **MA** Zip Code **01913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UP MEDIA GROUP** Occupation **PUBLISHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7860

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. GERALDINE BUNKER

Mailing Address 42 COUNTRY CLUB WAY

City State Zip Code
IPSWICH MA 01938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address 24 JUNIPER CIR

City State Zip Code
READING MA 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7312

Amount of Each Receipt this Period
500.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address 24 JUNIPER CIR

City State Zip Code
READING MA 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7396

Amount of Each Receipt this Period
-400.00

SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address **24 JUNIPER CIR**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11A1.7397

Amount of Each Receipt this Period
400.00
 REDESIGNATED

B. Full Name (Last, First, Middle Initial)
TODD BURNE

Mailing Address **49 WEST EMERSON STREET**

City **MELROSE** State **MA** Zip Code **02176**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTHSHORE HOME SERVICES** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11A1.7584

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
SAMUEL CABOT

Mailing Address **103 HART STREET**

City **BEVERLY FARMS** State **MA** Zip Code **01915**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11A1.7987

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SAMUEL CABOT

Mailing Address 103 HART STREET

City State Zip Code
BEVERLY FARMS MA 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8401

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAMES CALLAHAN

Mailing Address 29 HERITAGE LANE

City State Zip Code
LYNNFIELD MA 01940-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8540

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD CALMAS

Mailing Address 52 FAIRWAY RD

City State Zip Code
CHESTNUT HILL MA 02467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7969

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIN CALVO-BACCI

Mailing Address 494 MAIN STREET
FLOOR 2

City READING State MA Zip Code 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer BACCI CHOCOLATE DESIGN Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8334

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
GARY CAMPBELL

Mailing Address 176 CHURCH STREET

City LOWELL State MA Zip Code 01852

FEC ID number of contributing federal political committee. **C**

Name of Employer GILBERT CAMPBELL REAL ESTATE Occupation BUSINESS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8925

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
SAMUEL CAMPBELL

Mailing Address 9 OLD NECK RD

City MANCHESTER State MA Zip Code 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8386

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) FRANK CANN		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 131 DRUID HILL AVE.		Transaction ID : SA11AI.7186	
City METHUEN	State MA	Zip Code 01844	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer F.H. CANN AND ASSOCAITES	Occupation CEO OF COMPANY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) JUSTIN CANN		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 15 11TH ST		Transaction ID : SA11AI.7184	
City SALISBURY	State MA	Zip Code 01952	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer F.H. CANN AND ASSOCIATES	Occupation ADMINISTRATIVE ASSISTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 265.00		

Full Name (Last, First, Middle Initial) ANTHONY CASSANO		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 3 MAGNOLIA DR		Transaction ID : SA11AI.8890	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. DENNIS CATALDO

Mailing Address **3 BALDWIN LANE**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CATALDO AMBULANCE** Occupation **VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8870

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CRAIG CERRETANI

Mailing Address **31 LINCOLN HOUSE PT**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LONGFELLOW BENEFITS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. WALTER T CHAFFEE

Mailing Address **17 JUNIPER RD**

City **FRANKLIN** State **MA** Zip Code **02038**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMEC** Occupation **NORTHEAST US AREA MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8712

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 244	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRANDON CHAPMAN

Mailing Address **178 LOWELL ST
UNIT 1**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRESIDIO NETWORKED SOLUTIONS** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.8247

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
FREDERICK CHICOS

Mailing Address **19 MEADOWBROOK RD.**

City **WESTON** State **MA** Zip Code **02493**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.8098

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JOHN A CHIRICHIELLO

Mailing Address **9 LEDGEWOOD WAY
APT 12**

City **PEABODY** State **MA** Zip Code **01960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BUNKER HILL COMMUNITY COLLEGE** Occupation **FACILITIES MGR-STAFF ASSISTANT TO DE/**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8912

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. CONSTANCE H CHRISTAKOS

Mailing Address 75 HUNTINGTON ST

City State Zip Code
LOWELL MA 01852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PALMERS RESTAURANT HOSTESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8732

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NIWEDITA PRADHAN CHUNG

Mailing Address 370 OCEAN AVE
APT 609

City State Zip Code
REVERE MA 02151-2650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8882

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. KEVIN CLANCY

Mailing Address 78 HIGH POPPLES RD

City State Zip Code
GLOUCESTER MA 01930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COPERNICUS MARKETING CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8820

Amount of Each Receipt this Period
4500.00
SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. KEVIN CLANCY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 78 HIGH POPPLES RD		Transaction ID : SA11AI.8986	
City GLOUCESTER	State MA	Zip Code 01930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1900.00	
Name of Employer COPERNICUS	Occupation MARKETING CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
SEE REDESIGNATION BELOW			

Full Name (Last, First, Middle Initial) B. DR. KEVIN CLANCY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 78 HIGH POPPLES RD		Transaction ID : SA11AI.8987	
City GLOUCESTER	State MA	Zip Code 01930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00	
Name of Employer COPERNICUS	Occupation MARKETING CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00		
REDESIGNATED			

Full Name (Last, First, Middle Initial) C. WALTER CLASS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 51 TURKEY HILL ROAD		Transaction ID : SA11AI.8971	
City WEST NEWBURY	State MA	Zip Code 01985	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER CLAY

Mailing Address 14 ARBOR STREET

City WENHAM State MA Zip Code 01984

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **295.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8565

Amount of Each Receipt this Period
45.00

B. Full Name (Last, First, Middle Initial)
MR. ALAN COFFIN

Mailing Address 11 GOULD STREET

City WAKEFIELD State MA Zip Code 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7438

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER COLLINS

Mailing Address 72 HARBOR STREET

City MANCHESTER State MA Zip Code 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST ATLANTIC CAPITAL, LLC Occupation REAL ESTATE INVESTMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8981

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3645.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. T PHILIP COMENOS

Mailing Address 1 DEXTER LN

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KENETICS CORPORATION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8405

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL A. CONSOLAZIO

Mailing Address 63 BRIDGE ST.

City State Zip Code
SALEM NH 03079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE REVOLUTION GROUP PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8262

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL CONWAY

Mailing Address 823 ANDOVER STREET

City State Zip Code
LOWELL MA 01852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CONWAY INSURANCE INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8556

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
HENRY W COOK

Mailing Address **65 FOREST STREET**

City **MANCHESTER** State **MA** Zip Code **01944**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SALEM CAPITAL MANAGEMENT** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NEIL A COOPER

Mailing Address

City **SWAMPSCOTT** State **MA** Zip Code **01907**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.7967

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PETER COUMOUNDUROUS

Mailing Address **24 SMITH AVENUE**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CARGO TRANSPORT INC** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.8676

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GRANT COVINGTON

Mailing Address **COVINGTON ASSOCIATES**
265 FRANKLIN STREET

City **BOSTON** State **MA** Zip Code **02110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ANONYMOUS** Occupation **PRIVATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.8695

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
REID COVINGTON

Mailing Address **COVINGTON ASSOCIATES**
265 FRANKLIN STREET

City **BOSTON** State **MA** Zip Code **02110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ANONYMOUS** Occupation **PRIVATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.8697

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT CULBERT

Mailing Address **21 STRAWBERRY HILL LANE**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHS** Occupation **PRES/CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8434

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DONALD CURIALE

Mailing Address 55 WALDINGFIELD RD

City State Zip Code
IPSWICH MA 01938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7157

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THEODORE H CUTLER

Mailing Address 33 COMMONWEALTH AVE.

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE INTERFACE GROUP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7852

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. VINCENT CUTTONE

Mailing Address 225 PARK LN

City State Zip Code
CONCORD MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROTECH TOWING AND AUTO PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7608

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JANET D'ORSI		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 52 MAIN ST		Transaction ID : SA11AI.7177
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer GINGERBREAD CONSTRUCTION CO.	Occupation BAKERY OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. JANET M DAGOSTINO		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3 ECHO AVE.		Transaction ID : SA11AI.7816
City FALMOUTH	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer XEROX	Occupation PROGRAM DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. MR. LISA DALBEC		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3 LANTERN LANE		Transaction ID : SA11AI.7686
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NATIONAL GRID	Occupation MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOSHUA DAVIS

Mailing Address 54 ACADEMY STREET

City ARLINGTON State MA Zip Code 02476-6436

FEC ID number of contributing federal political committee. **C**

Name of Employer FREEMAN DAVIS & STEARNS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7602

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT DEEB

Mailing Address 5 FREMONT STREET

City WINTHROP State MA Zip Code 02152

FEC ID number of contributing federal political committee. **C**

Name of Employer MSA MORTGAGE INC. Occupation MORTGAGE BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7965

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEE DELLICKIER

Mailing Address 53 RAYMOND ST.

City MANCHESTER State MA Zip Code 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESIDENT/CEO Occupation CONSTRUCTION COMPANY (WINDOVER)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANDREW B DELORY

Mailing Address 16 HUNTINGDON RD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8874

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PAUL DELORY

Mailing Address 16 HUNTINGDON RD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8862

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CAROL DENBO

Mailing Address 18 ASPEN ROAD

City SWAMPSCOTT State MA Zip Code 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ESL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8689

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SAMUEL DENBO

Mailing Address 18 ASPEN ROAD

City State Zip Code
SWAMPSCOTT MA 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. JOANN DEROSA

Mailing Address 83 BIRCH ST

City State Zip Code
PEABODY MA 01960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. ADAM DESANCTIS

Mailing Address 100 UNICORN PARK DR
STE 2

City State Zip Code
WOBURN MA 01801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DESANCTIS INSURANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8728

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THOMAS J DESIMONE

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7361

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
THOMAS J DESIMONE

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period
2600.00

TO BE REFUNDED

C. Full Name (Last, First, Middle Initial)
VICKI DESIMONE

Mailing Address PO BOX 5545

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation NONE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. UGO DIBIASE

Mailing Address **PO BOX 780**

City **LYNNFIELD** State **MA** Zip Code **01940-0780**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BNY MELLON WEALTH MANAGEMENT** Occupation **SALES ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DIBIASE HOMES

Mailing Address **PO BOX 780**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.9285

Amount of Each Receipt this Period
500.00

INFORMATION REQUESTED

C. Full Name (Last, First, Middle Initial)
MARK DICKINSON

Mailing Address **1266 FURNACE BROOK PKWY**

City **QUINCY** State **MA** Zip Code **02169**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.7399

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 244	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LEROY DIRKS

Mailing Address **3 LOBAO DR**

City **DANVERS** State **MA** Zip Code **01923**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8824

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
NANCY DIRKS

Mailing Address **710 COLE RANCH ROAD**

City **ENCINITAS** State **CA** Zip Code **92024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **NONE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CANDACE DOUCETTE

Mailing Address **27 EDGEMERE RD**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SALEM FIVE BANK** Occupation **SENIOR VICE PRESIDENT-RETAIL BANKING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY DOYLE

Mailing Address 19 WESTOVER DRIVE

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer COLONNA & DOYLE Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7661

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAMES DOZIER

Mailing Address 1110 COLUMBIA RD, NW

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer CIVITAS PUBLIC AFFAIRS Occupation SENIOR ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7672

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DRAKE CABINET AND SUPPLIES LLC

Mailing Address 401R LOWELL ST

City LEXINGTON State MA Zip Code 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.9087

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DAVID DRISLANE		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 900 LYNNFIELD STREET UNIT 33		Transaction ID : SA11AI.7339	
City LYNNFIELD State MA Zip Code 01940	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) MRS. BARBARA EBERT		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 1 CHRISTINA		Transaction ID : SA11AI.7817	
City WAYLAND State MA Zip Code 01778	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) ROBERT EDMUNDS		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 163 W NEWTON ST. UNIT 1		Transaction ID : SA11AI.7864	
City BOSTON State MA Zip Code 02118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer UBS Occupation FA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEAN EGAN

Mailing Address 116 FLANDERS ROAD
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581

FEC ID number of contributing federal political committee. **C**

Name of Employer CARRUTH CAPITAL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8755

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
JEAN EGAN

Mailing Address 116 FLANDERS ROAD
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581

FEC ID number of contributing federal political committee. **C**

Name of Employer CARRUTH CAPITAL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8756

Amount of Each Receipt this Period
 5200.00

C. Full Name (Last, First, Middle Initial)
JESSE EHRENFELD

Mailing Address 900 20TH AVE SOUTH
SUITE 1611

City NASHVILLE State TN Zip Code 37212

FEC ID number of contributing federal political committee. **C**

Name of Employer VANDERBILT UNIVERSITY Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.8012

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JESSE EHRENFELD		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 900 20TH AVE SOUTH SUITE 1611		Transaction ID : SA11AI.8974	
City NASHVILLE	State TN	Zip Code 37212	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer VANDERBILT UNIVERSITY	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) B. JOSEPH ENGELS		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 41 MADISON AVENUE		Transaction ID : SA11AI.8039	
City WAKEFIELD	State MA	Zip Code 01880	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GEI CONSULTANTS, INC.	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. JOSEPH ENGELS		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 41 MADISON AVENUE		Transaction ID : SA11AI.8511	
City WAKEFIELD	State MA	Zip Code 01880	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer GEI CONSULTANTS, INC.	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT EPSTEIN

Mailing Address 300 BOYLSTON ST., # 703

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HORIZON BEVERAGE COMPANY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8295

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT ERCOLINI

Mailing Address 195 BRIDLE PATH

City State Zip Code
NORTH ANDOVER MA 01845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEE 55 INC. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.7006

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN EVANGELAKOS

Mailing Address 1220 PARK AVE

City State Zip Code
NEW YORK NY 10128-1733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SULLIVAN & CROMWELL LLP LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8315

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DOUG EVANS

Mailing Address 114 ACADEMY ROAD

City State Zip Code
N ANDOVER MA 01845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NSEA PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8592

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
STEVEN FANALE

Mailing Address 11 IROQUOIS ROAD

City State Zip Code
DANVERS MA 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
STEVEN FANALE

Mailing Address 11 IROQUOIS ROAD

City State Zip Code
DANVERS MA 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.8053

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEVEN FANALE

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8444

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTINE FARO

Mailing Address 900 CUMMINGS CENTER, SUITE 207T

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer SOLE PRACTIONER Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8118

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE FARO

Mailing Address 900 CUMMINGS CENTER, SUITE 207T

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer SOLE PRACTIONER Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) PAUL FAZZINA		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 300 MOUNTAIN VIEW DR. APT 213		Transaction ID : SA11AI.7136	
City STONEHAM	State MA	Zip Code 02180	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) PAUL FAZZINA		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 300 MOUNTAIN VIEW DR. APT 213		Transaction ID : SA11AI.7916	
City STONEHAM	State MA	Zip Code 02180	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) MR. JAMES R FINCH		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1654 EUCLID ST NW PH 1		Transaction ID : SA11AI.8765	
City WASHINGTON	State DC	Zip Code 20009-5634	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer KELLER WILLIAMS REALTY	Occupation REALTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ARTHUR FINKELSTEIN

Mailing Address 55 WALDINGFIELD ROAD

City State Zip Code
IPSWICH MA 01938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARTHUR J. FINKELSTEIN & ASSOCIATES, IN PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7417

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA FISHER

Mailing Address 186 PARK STREET

City State Zip Code
NEWTON MA 02458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WATERREV, LLC MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
STEVEN FITZPATRICK

Mailing Address 46 EMERSON STREET

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOWN OF WAKEFIELD SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7431

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ED FLANAGAN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 90 HIGH RIDGE RD		Transaction ID : SA11AI.8573	
City BOXFORD	State MA	Zip Code 01921	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JASPER WYMAN & SON	Occupation PRESIDENT & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. ALBION FLETCHER		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 135 WEST ST		Transaction ID : SA11AI.7291	
City BRAINTREE	State MA	Zip Code 02184	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer GE	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. WALTER FLEWELLING		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 75 ADAMS STREET		Transaction ID : SA11AI.8086	
City DUNSTABLE	State MA	Zip Code 01827	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer CRIMSON PRESS	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANTHONY FORTUNATO

Mailing Address 101 MOORE ROAD

City SUDBURY State MA Zip Code 01776

FEC ID number of contributing federal political committee. **C**

Name of Employer INSTINET, LLC Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8374

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARK FORZIATI

Mailing Address 90 HARBOR AVE

City MARBLEHEAD State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8633

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FRANKLIN FOSTER

Mailing Address 5 BANCROFT WAY

City SOUTH HAMILTON State MA Zip Code 01982

FEC ID number of contributing federal political committee. **C**

Name of Employer AUDAX GROUP Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8542

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES FOX

Mailing Address 29 FULLER POND ROAD

City MIDDLETON State MA Zip Code 01949

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
BARRY FRIEDBURG

Mailing Address 134 E 71ST STREET

City NEW YORK State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer FRIEDBURG MILSTEIN Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8145

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
MS. MARILYN L GALLARDO

Mailing Address 3 BLUE RIDGE ROAD

City WESTFORD State MA Zip Code 01886

FEC ID number of contributing federal political committee. **C**

Name of Employer GROTON DUNSTABLE Occupation ADMIN ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7746

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. KATHLEEN R GALLIGAN

Mailing Address **2 VIRGINIA PL**

City **WENHAM** State **MA** Zip Code **01984-1129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8390

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ERNEST GATES

Mailing Address **1 MEETINGHOUSE SQUARE**

City **MIDDLETON** State **MA** Zip Code **01949**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GATES HEALTHCARE ASSOC. (SELF)** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7733

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES L GEIER

Mailing Address **41 FORRESTER ROAD**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHUCK WAGON DINER** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7700

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANNE GIFFORD

Mailing Address 107 SUMMER STREET

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8396

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KEITH GILBERT

Mailing Address PO BOX 6348

City State Zip Code
LINCOLN MA 01773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARK LODGE GROUP CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7620

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN E GLOVSKY

Mailing Address PO BOX 44

City State Zip Code
PRIDES CROSSING MA 01965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GLOVSKY & GLOVSKY PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8400

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) JANE GNAZZO		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 169 COMMONWEALTH AVE. APT. 1		Transaction ID : SA11AI.7254
City BOSTON	State MA	
Zip Code 02116	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer CORIANDER INC.	Occupation PRESIDENT	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1600.00		

Full Name (Last, First, Middle Initial) JEROLD GNAZZO		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 169 COMMONWEALTH AVE.		Transaction ID : SA11AI.8934
City BOSTON	State MA	
Zip Code 02116	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer CORIANDER DEVELOPMENT, LLC	Occupation REAL ESTATE DEVELOPMENT	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) PATRICK GOVERRIERO		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1 NASSAO ST. #2203		Transaction ID : SA11AI.7875
City BOSTON	State MA	
Zip Code 02111	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer CIVITAS PUBLIC AFFAIRS	Occupation CONSULTANT	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
EDWARD GREEN

Mailing Address **238 MAIN ST**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **G.E.** Occupation **BUSINESS LEADER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.7167

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
MR. LAWRENCE GREENBERG

Mailing Address **4 NOTTINGHAM LN**

City **WESTON** State **MA** Zip Code **02493**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALYDAR CAPITAL** Occupation **INVESTMENT MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7512

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PAUL GUANCI

Mailing Address **54 CROSS LANE**

City **BEVERLY** State **MA** Zip Code **01915**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PAUL M. GUANCI CASUAL CATERING INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8954

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1560.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CARL GUSTIN

Mailing Address **9B CURLEW COURT**

City **GLOUCESTER** State **MA** Zip Code **01930**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8388

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. STEVEN R HANGEN

Mailing Address **1 ORACLE DR**

City **NASHUA** State **NH** Zip Code **03062-2834**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ORACLE** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7067

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HAROLD HANSEN

Mailing Address **505 CONGRESS ST.**

City **SOUTH BOSTON** State **MA** Zip Code **02210**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HANSEN AEROSPACE** Occupation **AEROSPACE ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8307

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JAMES B HARRIS

Mailing Address **7 MILL ST**

City **MANCHESTER** State **MA** Zip Code **01944-1231**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UBS FINANCIAL** Occupation **EXECUTIVE VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8411

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KIM A HART

Mailing Address **19 ORCHARD LANE**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8853

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
BERNHARD HEERSINK

Mailing Address **281 HIGH ST**

City **NEWBURYPORT** State **MA** Zip Code **01950**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8431

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD HENKEN

Mailing Address **3 PARTRIDGE HILL ROAD**

City **DOVER** State **MA** Zip Code **02030**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SCHOCHET ASSOCIATES, INC.** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7859

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
GEORGE HERZLINGER

Mailing Address **560 CONCORD AVE.**

City **BELMONT** State **MA** Zip Code **02478**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BELMONT INSTRUMENT CORPORATION** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.8226

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
LUCILE HICKS

Mailing Address **5 WILDWOOD ROAD**

City **WAYLAND** State **MA** Zip Code **01778**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REITRED** Occupation **REITRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11AI.8700

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MR. WILLIAM HOSKINS		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address 85 E. INDIA ROW UNIT 20 A/B		Transaction ID : SA11AI.8707	
City BOSTON	State MA	Zip Code 02110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 SEE REDESIGNATION BELOW	
Name of Employer HOSKINS & ASSOCIATES	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

Full Name (Last, First, Middle Initial) MR. WILLIAM HOSKINS		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address 85 E. INDIA ROW UNIT 20 A/B		Transaction ID : SA11AI.9282	
City BOSTON	State MA	Zip Code 02110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -900.00 SEE REDESIGNATION BELOW	
Name of Employer HOSKINS & ASSOCIATES	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) MR. WILLIAM HOSKINS		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address 85 E. INDIA ROW UNIT 20 A/B		Transaction ID : SA11AI.9283	
City BOSTON	State MA	Zip Code 02110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00 REDESIGNATED	
Name of Employer HOSKINS & ASSOCIATES	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RANDALL HOUGH

Mailing Address 1826 GARVEY AVE #5

City ALHAMBRA State CA Zip Code 91803

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation NONE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.7256

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT HUGHES

Mailing Address 16 WILLOW ST.
UNIT 210

City MELROSE State MA Zip Code 02176

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7087

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
BOB JODICE

Mailing Address 6 THWING RD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8970

Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

590.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANN JOHNSTON

Mailing Address 100 BRISTOL RD.

City: WELLESLEY State: MA Zip Code: 02481

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11AI.9008

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
PATRICK JORDAN

Mailing Address 99 BELMONT STREET

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: NEWTON-WELLESLEY HOSPITAL Occupation: CHIEF OPERATING OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 20 / 2014

Transaction ID : SA11AI.8373

Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
JULIANNE JOYCE

Mailing Address 38 STURGES RD

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: THE CONNORS FAMILY OFFICE Occupation: EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 12 / 2014

Transaction ID : SA11AI.8206

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEANNE KANGAS

Mailing Address 959 HILL RD.

City State Zip Code
BOXBOROUGH MA 01719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARNOLD & KANGAS P.C. LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ANDREW KARA

Mailing Address 49 PEARTREE DR

City State Zip Code
WESTWOOD MA 02090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7684

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HENRY KARA

Mailing Address 139 WEATHERBEE DR.

City State Zip Code
WESTWOOD MA 02090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7658

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) JOSHUA KATZEN		Date of Receipt MM / DD / YYYY 05 / 16 / 2014
Mailing Address 40 NONANTUM ST		Transaction ID : SA11AI.7596
City NEWTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation REAL ESTATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) JUDITH KAYE		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address 6 FOLSOM POND RD		Transaction ID : SA11AI.7514
City WAYLAND	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. JAMES A KEKEISEN		Date of Receipt MM / DD / YYYY 06 / 26 / 2014
Mailing Address 42 WALKER RD		Transaction ID : SA11AI.8409
City MANCHESTER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LORAIN KELLER

Mailing Address **216 CADMANS NECK ROAD**

City **WESTPORT** State **MA** Zip Code **02790**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **BUSINESS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7377

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAVID KELLY

Mailing Address **48 JORDAN AVE**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **TAX ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7705

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
WARREN KELLY

Mailing Address **5 BOUCHARD DRIVE**

City **MIDDLETON** State **MA** Zip Code **01949**

FEC ID number of contributing federal political committee. **C**

Name of Employer **W KELLY PROPERTIES** Occupation **DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7886

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) THOMAS KENNEDY		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 28 SOUTHPOINT LANE		Transaction ID : SA11AI.8222	
City IPSWICH	State MA	Zip Code 01938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation BROKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) JOHN G KIDD JR.		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 118 MAIN STREET		Transaction ID : SA11AI.7345	
City TOPSFIELD	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer DUTTON FAMILY CARE ASSOCIATES	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) JOHN G KIDD JR.		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 118 MAIN STREET		Transaction ID : SA11AI.7346	
City TOPSFIELD	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer DUTTON FAMILY CARE ASSOCIATES	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN KIDD

Mailing Address 118 MAIN ST

City State Zip Code
TOPSFIELD MA 01983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DUTTON FAMILY CARE ASSOCIATES LLP PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MAUREEN KIDD

Mailing Address 118 MAIN ST.

City State Zip Code
TOPSFIELD MA 01983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAUREEN KIDD HOLISTIC RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7347

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MAUREEN KIDD

Mailing Address 118 MAIN ST.

City State Zip Code
TOPSFIELD MA 01983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAUREEN KIDD HOLISTIC RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7348

Amount of Each Receipt this Period
2700.00
EXCESS REFUNDED ON 5/19/2014

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GEORGE KING

Mailing Address 25 HUDSON ST

City LYNN State MA Zip Code 01904

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8378

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JONATHAN KISLAK

Mailing Address 3570 BATTERSEA ROAD

City MIAMI State FL Zip Code 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer ANTARES Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JONATHAN KISLAK

Mailing Address 3570 BATTERSEA ROAD

City MIAMI State FL Zip Code 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer ANTARES Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7667

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SETH KLARMAN

Mailing Address 329 HEATH STREET

City CHESTNUT HILL State MA Zip Code 02467

FEC ID number of contributing federal political committee. **C**

Name of Employer THE BAUPOST GROUP, LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
SETH KLARMAN

Mailing Address 329 HEATH STREET

City CHESTNUT HILL State MA Zip Code 02467

FEC ID number of contributing federal political committee. **C**

Name of Employer THE BAUPOST GROUP, LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7422

Amount of Each Receipt this Period
 5200.00

C. Full Name (Last, First, Middle Initial)
TOM LANCE

Mailing Address 12 ALLEN AVE

City MANCHESTER State MA Zip Code 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer BOSTON BEER Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11AI.7202

Amount of Each Receipt this Period
 5200.00
 SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TOM LANCE

Mailing Address 12 ALLEN AVE

City: MANCHESTER State: MA Zip Code: 01944

FEC ID number of contributing federal political committee: C

Name of Employer: BOSTON BEER Occupation: EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 03 / 2014

Transaction ID : SA11AI.7264

Amount of Each Receipt this Period: -2600.00

SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
TOM LANCE

Mailing Address 12 ALLEN AVE

City: MANCHESTER State: MA Zip Code: 01944

FEC ID number of contributing federal political committee: C

Name of Employer: BOSTON BEER Occupation: EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 05 / 03 / 2014

Transaction ID : SA11AI.7265

Amount of Each Receipt this Period: 2600.00

REDESIGNATED

C. Full Name (Last, First, Middle Initial)
MR. PETER E LANNAN

Mailing Address 10 ROBINSON PARK

City: WINCHESTER State: MA Zip Code: 01890-3746

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: CAR DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11AI.7726

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT LAPPIN

Mailing Address 60 LITTLES POINT ROAD

City State Zip Code
SWAMPSCOTT MA 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHETLAND PROPERTIES OF SALEM, L.P. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7163

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT LAPPIN

Mailing Address 60 LITTLES POINT ROAD

City State Zip Code
SWAMPSCOTT MA 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHETLAND PROPERTIES OF SALEM, L.P. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.8246

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN LECHNER

Mailing Address 2 COBB AVE

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORGAN STANLEY MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8776

Amount of Each Receipt this Period
5000.00
SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN LECHNER

Mailing Address **2 COBB AVE**

City **MANCHESTER** State **MA** Zip Code **01944**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MORGAN STANLEY** Occupation **MANAGING DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8988

Amount of Each Receipt this Period
-2400.00
 SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
JOHN LECHNER

Mailing Address **2 COBB AVE**

City **MANCHESTER** State **MA** Zip Code **01944**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MORGAN STANLEY** Occupation **MANAGING DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8989

Amount of Each Receipt this Period
2400.00
 REDESIGNATED

C. Full Name (Last, First, Middle Initial)
GERARD LEEMAN

Mailing Address **10 FOX RD**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EMD SERONO, INC.** Occupation **CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.8085

Amount of Each Receipt this Period
2600.00
 SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GERARD LEEMAN

Mailing Address 10 FOX RD

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMD SERONO, INC. CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.8414

Amount of Each Receipt this Period
-250.00
SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
GERARD LEEMAN

Mailing Address 10 FOX RD

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMD SERONO, INC. CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.8415

Amount of Each Receipt this Period
250.00
REDESIGNATED

C. Full Name (Last, First, Middle Initial)
ERIC LEVY

Mailing Address 53 GERALD ROAD

City State Zip Code
MARBLEHEAD MA 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINCOLN FINANCIAL GROUP SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.8007

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MR. PAUL LEVY		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 84 HIGH ST STE 204		Transaction ID : SA11AI.7338
City MEDFORD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation PERIODONTIST	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) KAREN LIPMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2014
Mailing Address 17 SOUTHPOINT LANE		Transaction ID : SA11AI.8128
City IPSWICH	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) BRYNA LITCHMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 1160 BEACON ST APT 102		Transaction ID : SA11AI.8751
City BROOKLINE	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BRYNA LITCHMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1160 BEACON ST APT 102		Transaction ID : SA11AI.8990	
City BROOKLINE	State MA	Zip Code 02446	Amount of Each Receipt this Period -2400.00 SEE REDESIGNATION BELOW
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. BRYNA LITCHMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1160 BEACON ST APT 102		Transaction ID : SA11AI.8991	
City BROOKLINE	State MA	Zip Code 02446	Amount of Each Receipt this Period 2400.00 REDESIGNATED
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) C. GLEN LIVOLSI		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 11 HERITAGE LANE		Transaction ID : SA11AI.8266	
City SAUGUS	State MA	Zip Code 01906	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer VEEAM SOFTWARE	Occupation SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. DANIEL LOEB

Mailing Address 15 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer THIRD POINT LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7424

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
MR. DANIEL LOEB

Mailing Address 15 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer THIRD POINT LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7425

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
BRUCE LOTT

Mailing Address 232 8TH STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer MYLAN Occupation STATE GOVERNMENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.7044

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL LUCY

Mailing Address 10 WALLIS DRIVE

City WENHAM State MA Zip Code 01984

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **340.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.8471

Amount of Each Receipt this Period
90.00

B. Full Name (Last, First, Middle Initial)
MS. NANCY LUTHER

Mailing Address 294 PERKINS ROW

City TOPSFIELD State MA Zip Code 01983

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8150

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS. NANCY LUTHER

Mailing Address 294 PERKINS ROW

City TOPSFIELD State MA Zip Code 01983

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8175

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

215.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) R J LYMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 852 HALE STREET		Transaction ID : SA11AI.8545
City BEVERLY	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GENERAL COMPRESSION, INC.	Occupation COMPANY PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MR. RICHARD D LYONS		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 22 SHERWOOD ROAD		Transaction ID : SA11AI.7727
City MELROSE	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) MRS. DOROTHY MAIO		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 27 ABORN AVENUE		Transaction ID : SA11AI.7644
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DR. STEPHEN MAIO

Mailing Address **27 ABORN AVENUE**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TOWN OF WAKEFIELD** Occupation **TOWN ADMINISTRATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7103

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHARLES W. MALTA

Mailing Address **504 ESSEX STREET**

City **SAUGUS** State **MA** Zip Code **01906**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHARLES W. MALTA D.D.S.** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8282

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD MANGERIAN

Mailing Address **4 CRICKLEWOOD DR**

City **STONEHAM** State **MA** Zip Code **02180**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8910

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRAD MARSTON

Mailing Address **90 BEACON STREET
UNIT 2**

City **BOSTON** State **MA** Zip Code **02108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FOURTIER STRATEGIES, LLC** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8584

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOHN MARTIN

Mailing Address **37 DEXTER STREET**

City **PEABODY** State **MA** Zip Code **01960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MBTA** Occupation **ELECTRICAL ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES C MARTORILLI

Mailing Address **135 LURA LANE**

City **WALTHAM** State **MA** Zip Code **02451**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7600

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAUL P MATTUCHIO

Mailing Address 14 ROSS LN

City MIDDLETON State MA Zip Code 01949-1418

FEC ID number of contributing federal political committee. **C**

Name of Employer MATTUCHIO METALS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8880

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
DAVID MAURIELLO

Mailing Address 12 WINSHIP DRIVE

City WAKEFIELD State MA Zip Code 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7101

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
DAVID MAURIELLO

Mailing Address 12 WINSHIP DRIVE

City WAKEFIELD State MA Zip Code 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8552

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ARTHUR MCCARTHY

Mailing Address **25 MANDALAY DRIVE**

City **PEABODY** State **MA** Zip Code **01960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RBC WEALTH MANAGEMENT** Occupation **INVESTMENT ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8848

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. KELLEY M MCCARTHY

Mailing Address **4 BAILEY TER**

City **PEABODY** State **MA** Zip Code **01960**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.7162

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT MCCARTHY

Mailing Address **53 OUTLOOK ROAD**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. BRIAN MCCOUBREY

Mailing Address 82 ELM ST.

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE SAVINGS BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7740

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARY MCDOUGAL

Mailing Address 39 PROCTOR ST

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8679

Amount of Each Receipt this Period
90.00

C. Full Name (Last, First, Middle Initial)
MR. BRAIN MCGRAIL

Mailing Address 599 NORTH AVE
SUTIE 7 2ND FL

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCGRAIL LAW ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7454

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1590.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK MCKENNA

Mailing Address **66 CHOATE STREET**

City **ESSEX** State **MA** Zip Code **01929**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PEDIATRIC ASSOCIATES OF GREATER SALE** Occupation **PRACTICE MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.7195

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. NICK MENINNO

Mailing Address **13 SUPREME COURT**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MENINNO CONSTRUCTION** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8724

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DANIEL MEYERS

Mailing Address **2364 N. FILLMORE ST.**

City **ARLINGTON** State **MA** Zip Code **22207**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PUBLIC AFFAIRS** Occupation **DCI GROUP LLC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7871

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARIA MIARA

Mailing Address 145 LOWELL ST

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHRUP ASSOCIATES Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8362

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOSEPH MILANO

Mailing Address 9 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer UNION OYSTER HOUSE Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8600

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PAUL MILLER

Mailing Address 3930 WALNUT STREET SUITE 210

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C**

Name of Employer MILLER-WENHOLD Occupation LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.8084

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHARLES MILNER

Mailing Address 57 CLOUTMANS LN

City State Zip Code
MARBLEHEAD MA 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STROUD CONSULTING CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.7258

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRAD MINNICK

Mailing Address 8605 COTSWOLD COURT

City State Zip Code
ALEXANDRIA VA 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACSS PROFESSOR OF PRACTICE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GARY MOFFIE

Mailing Address 204 DODGE STREET

City State Zip Code
BEVERLY MA 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE REMODELING COMPANY GENERAL CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.8016

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALFRED MOLINARI

Mailing Address **POB 468**

City **SOUTHBORO** State **MA** Zip Code **01772**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DATA TRANSLATION INC** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.7014

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. M ELIZABETH MOORE

Mailing Address **4710 63RD DRIVE WEST**

City **BRADENTON** State **FL** Zip Code **34210**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8787

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD MOTTOLO

Mailing Address **432 PARK STREET**

City **NORTH READING** State **MA** Zip Code **01864**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SERVICE PUMPING DRAIN CO INC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8829

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH MOTZKIN

Mailing Address 15 N HILL DR.

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer EMPIRE RECYCLING (SELF) Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8193

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
PETER MURLEY

Mailing Address 30 AUTUMN LANE

City SOUTH HAMILTON State MA Zip Code 01982

FEC ID number of contributing federal political committee. **C**

Name of Employer STRATEGIC PRODUCTS AND SERVICES, LLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7656

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
FRANCES M MURPHY

Mailing Address 2 BENEDETTO CIR

City WAKEFIELD State MA Zip Code 01880-3553

FEC ID number of contributing federal political committee. **C**

Name of Employer PARKWAY PROPERTIES Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8337

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN MURPHY		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 13 DUANE DRIVE		Transaction ID : SA11AI.8313	
City NORTH READING	State MA	Zip Code 01864	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer READING COOPERATIVE BANK	Occupation BANKING		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. PATRICK MURPHY		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 117 E 37TH ST. 2B		Transaction ID : SA11AI.7877	
City NEW YORK	State NY	Zip Code 10016	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer BANKER	Occupation MORGAN STANELY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. MR. DANIEL NAKAMOTO		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 238 HIGHLAND AVE		Transaction ID : SA11AI.7887	
City WINCHESTER	State MA	Zip Code 01890	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NORTH AMERICAN FAMILY INSTITUTE	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 750.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHRISTINA L NARDONE

Mailing Address 83 WHITTIER ROAD

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11A1.8189

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RICHARD NATH

Mailing Address 6 CABOT STREET

City State Zip Code
BEVERLY MA 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11A1.7889

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FRANCIS E NEIL

Mailing Address PO BOX 113
10 LUCEY DRIVE

City State Zip Code
NEWBURYPORT MA 01950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORACLE USA, INC. ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11A1.7343

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN NESTOR

Mailing Address **9 SAGAMORE RD**

City **IPSWICH** State **MA** Zip Code **01938**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMESBURY PSYCHOLOGICAL CENTER, INC** Occupation **LICENSED MENTAL HEALTH COUNSELOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.8083

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
PETER NICHOLAS

Mailing Address **PO BOX 1558**

City **BOCA GRANDE** State **FL** Zip Code **33921**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EUGENE NIGRO

Mailing Address **649 MAIN STREET**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8161

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TIMOTHY NOONAN		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 22 HUMPHREY STREET		Transaction ID : SA11AI.7867	
City SWAMPSCOTT	State MA	Zip Code 01907	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. MR. KENNETH J NOVACK		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 81 BEACON STREET		Transaction ID : SA11AI.7358	
City BOSTON	State MA	Zip Code 02108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer TIME WARNER	Occupation BOARD OF DIRECTORS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. LEILA NOVELETSKY		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 47 HARVARD ST. APT A404		Transaction ID : SA11AI.8534	
City CHARLESTOWN	State MA	Zip Code 02129	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LEILA NOVELETSKY

Mailing Address 47 HARVARD ST. APT A404

City CHARLESTOWN State MA Zip Code 02129

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8543

Amount of Each Receipt this Period
500.00

SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
LEILA NOVELETSKY

Mailing Address 47 HARVARD ST. APT A404

City CHARLESTOWN State MA Zip Code 02129

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8574

Amount of Each Receipt this Period
-400.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
LEILA NOVELETSKY

Mailing Address 47 HARVARD ST. APT A404

City CHARLESTOWN State MA Zip Code 02129

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8575

Amount of Each Receipt this Period
400.00

REDESIGNATED

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK O'CONNELL

Mailing Address **66 BENNETT STREET**

City **HUDSON** State **MA** Zip Code **01749**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AVIDIA BANK** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11A1.7148

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD J O'NEIL

Mailing Address **1 WINDSOR RD**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11A1.8860

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HARRY OGDEN

Mailing Address **10 KETTLE WAY**

City **DRACUT** State **MA** Zip Code **01826**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MORTGAGE FINANCIAL** Occupation **MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11A1.7662

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER OGREN

Mailing Address 603 SALEM ST.

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAYES ENGINEERING, INC. CIVIL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT OKEEFE

Mailing Address 122 PLEASANT STREET

City State Zip Code
WINCHENDON MA 01475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CITY OF GARDNER INFO TECH DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.8464

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEONARD R OLDS

Mailing Address 1230 ANACAPA WAY

City State Zip Code
LAGUNA BEACH CA 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.7384

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) EDWARD OLIN		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 32 LANTERN LN #8		Transaction ID : SA11AI.8498
City DRACUT	State MA	Zip Code 01826
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RAYTHEIN	Occupation MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) CHRISTOPHER W PARKER		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 43 THE FAIRWAYS		Transaction ID : SA11AI.7840
City IPSWICH	State MA	Zip Code 01938
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MBP LLC	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) PHILIP PASTAN		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 14 BRIDGE ST		Transaction ID : SA11AI.7832
City MARBLEHEAD	State MA	Zip Code 01945
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer THE RICHMOND COMPANY	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRIAN J. PATRICAN

Mailing Address 56 HIGH RD

City State Zip Code
NEWBURY MA 99999

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IPSWICH BAY GLASS CO. CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8670

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HERMAN PATRICAN

Mailing Address 107 BELCHER STREET

City State Zip Code
ESSEX MA 01929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IPSWICH BAY GLASS CO. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8674

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL PATRICAN

Mailing Address 57B GREAT POND DRIVE

City State Zip Code
BOXFORD MA 01921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8672

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CLARK PELLETT

Mailing Address **680 N. LAKE SHORE DRIVE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ATTORNEY-CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8936

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
W PEREZ

Mailing Address **1320 N. STATE PARKWAY
14A**

City **CHICAGO** State **IL** Zip Code **60610**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7866

Amount of Each Receipt this Period
5200.00
 SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
W PEREZ

Mailing Address **1320 N. STATE PARKWAY
14A**

City **CHICAGO** State **IL** Zip Code **60610**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.8416

Amount of Each Receipt this Period
-2600.00
 SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) W PEREZ		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1320 N. STATE PARKWAY 14A		Transaction ID : SA11AI.8417	
City	State	Zip Code	Amount of Each Receipt this Period REDESIGNATED 2600.00
CHICAGO	IL	60610	
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) H. BRADLEE PERRY		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 865 CENTRAL AVE APT K-109		Transaction ID : SA11AI.7280	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
NEEDHAM	MA	02492	
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. KEVIN PHELAN		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 93 LOWELL ST		Transaction ID : SA11AI.7427	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
WELLESLEY	MA	02481-2716	
FEC ID number of contributing federal political committee.		C	
Name of Employer COLLIERS INTERNATIONAL		Occupation CO-CHAIRMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. TERESA G PIETRAFITTA

Mailing Address 18 MANSION RD

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7654

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH POWELL

Mailing Address 109 EDMUNDS ROAD

City State Zip Code
WELLESLEY HILLS MA 02481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8441

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY A PRATT

Mailing Address 242 BEACON ST
APT 5

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOSTON SCIENTIFIC EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8494

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STANLEY RAGALEVSKY

Mailing Address 15 FULLER FARMS ROAD

City State Zip Code
TOPSFIELD MA 01983

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
K&L GATES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7650

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
MR. WARREN A RAZZABONI SR.

Mailing Address 12 HAZEL STREET

City State Zip Code
HOLLIS NH 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7660

Amount of Each Receipt this Period
 1000.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MR. WARREN A RAZZABONI SR.

Mailing Address 12 HAZEL STREET

City State Zip Code
HOLLIS NH 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.8418

Amount of Each Receipt this Period
 -1000.00

SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WARREN A RAZZABONI SR.

Mailing Address 12 HAZEL STREET

City State Zip Code
HOLLIS NH 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 30 2014

Transaction ID : SA11AI.8419

Amount of Each Receipt this Period
 1000.00
 REDESIGNATED

B. Full Name (Last, First, Middle Initial)
WARREN RAZZABONI

Mailing Address 12 HAZAC

City State Zip Code
HOLLIS NH 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DRAEGER MEDICAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 04 2014

Transaction ID : SA11AI.7882

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City State Zip Code
PEPPERELL MA 01463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 30 2014

Transaction ID : SA11AI.7659

Amount of Each Receipt this Period
 1000.00
 SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City State Zip Code
PEPPERELL MA 01463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.8420

Amount of Each Receipt this Period
-1000.00
SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City State Zip Code
PEPPERELL MA 01463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.8421

Amount of Each Receipt this Period
1000.00
REDESIGNATED

C. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City State Zip Code
PEPPERELL MA 01463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8605

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEBBY REGAN

Mailing Address **344 SALEM ST**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MENINNO CONSTRUCTION** Occupation **OWER/OFFICE MGR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11AI.8093

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES REGAN

Mailing Address **131 SPRING ST.**

City **STONEHAM** State **MA** Zip Code **02180**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
520.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7637

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY REGAN

Mailing Address **344 SALEM ST.**

City **LYNNFIELD** State **MA** Zip Code **01940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MENINNO CONSTRUCTION** Occupation **CONSTRUCTION WORKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8718

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) HOWARD RICH		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 289 OCEAN AVENUE		Transaction ID : SA11A1.7575	
City MARBLEHEAD	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) KENNEDY RICHARDSON		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 104 MOUNT VERNON ST.		Transaction ID : SA11A1.7268	
City BOSTON	State MA	Zip Code 02108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer FIDELITY INVESTMENTS	Occupation PORTFOLIO MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) THOMAS RILEY		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 500 BOYLSTON ST SUITE 640		Transaction ID : SA11A1.8094	
City BOSTON	State MA	Zip Code 02116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SENIORLINK	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL J ROBERTS

Mailing Address 1 SCHOOL STREET

City State Zip Code
STONINGTON CT 06378

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7971

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MITCHELL ROBERTS

Mailing Address 245 WOODWARD ST

City State Zip Code
WABAN MA 02468

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PR MANAGEMENT SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.7235

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID RODHAM

Mailing Address 200 OLD EAST ROAD

City State Zip Code
WHITEFIELD NH 03598

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7709

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DON RODMAN

Mailing Address 10 LINCOLN RD. - SUITE 105

City State Zip Code
FOXBORO MA 02035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8110

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD D ROPER

Mailing Address 38 OLD FARM WAY

City State Zip Code
AYER MA 01432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CRABTREE DEV LLC BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8720

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES P ROSENFELD

Mailing Address 16 PARKER STREET

City State Zip Code
LEXINGTON MA 02421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAMBRIDGE ENERGY RESEARCH ASSOCIA CO-FOUNDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7510

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ARIELLA ROSENGARD

Mailing Address 80 LYMAN ROAD

City State Zip Code
CHESTNUT HILL MA 02467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIROWSKI FAMILY FOUNDATION DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.6975

Amount of Each Receipt this Period
 1300.00

B. Full Name (Last, First, Middle Initial)
BRUCE ROSENGARD

Mailing Address 80 LYMAN ROAD

City State Zip Code
CHESTNUT HILL MA 02467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE MEDICINES COMPANY MEDICAL EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.6973

Amount of Each Receipt this Period
 1300.00

C. Full Name (Last, First, Middle Initial)
LEE ROSENTHAL

Mailing Address 40 BARTLETT RD

City State Zip Code
MARBLEHEAD MA 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period
 2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) RALPH ROTMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2014
Mailing Address ONE BEACON ST FL 25		Transaction ID : SA11AI.7590
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation LIFE INSURANCE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. JOSEPH ROTONDI		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 80 FOREST ST.		Transaction ID : SA11AI.8726
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer D&R CONSTRUCTION	Occupation CONTRACTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MRS. KATHLEEN ROTONDI		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 67 ORCHARD LANE		Transaction ID : SA11AI.8735
City MELROSE	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HALLETT & CUCIRELLI	Occupation REALTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN ROTONDI

Mailing Address 67 ORCHARD LANE

City MELROSE State MA Zip Code 02176

FEC ID number of contributing federal political committee. **C**

Name of Employer HALLETT & CUCIRELLI Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8736

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM ROUND

Mailing Address 12 PRISCILLA RD.

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.9024

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MARK RUBIN

Mailing Address 84 BIGELOW ROAD

City WEST NEWTON State MA Zip Code 02465

FEC ID number of contributing federal political committee. **C**

Name of Employer MARIC, INC Occupation BUSINESS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.7576

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2020.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM RUCCI

Mailing Address 7 SUNNY MEADOW ROAD

City State Zip Code
ATKINSON NH 03811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RUCCI BARDARO AND FALLONE CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5450.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7878

Amount of Each Receipt this Period
250.00
TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
MICHAEL RUETTGERS

Mailing Address 453 BEDFORD RD

City State Zip Code
CARLISLE MA 01741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH P RUSSO

Mailing Address 15 WEST WATER ST

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ARTHUR RYAN

Mailing Address 119 MT. PLEASANT AVENUE

City GLOUCESTER State MA Zip Code 01930

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7158

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
KEVIN SACCONE

Mailing Address 14 BREWSTER DRIVE

City NORWOOD State MA Zip Code 02062

FEC ID number of contributing federal political committee. **C**

Name of Employer SB GENERAL CONTRACTS Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8722

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL SACCONE

Mailing Address 820 LIVINGSTON ST.
STE 10

City TEWKSBURY State MA Zip Code 01876

FEC ID number of contributing federal political committee. **C**

Name of Employer MDR CONSTRUCTION CO. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8200

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. MICHAEL SACCONI		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 820 LIVINGSTON ST. STE 10		Transaction ID : SA11AI.8733	
City TEWKSBURY	State MA	Zip Code 01876	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MDR CONSTRUCTION CO.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. JOSEPH SACHETTA		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 46 ENGLISH COMMONS		Transaction ID : SA11AI.8906	
City TOPSFIELD	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SACHETTA AND COMPANY LLC	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. VICTOR SALDANHA		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 20 EDGEMERE RD		Transaction ID : SA11AI.8375	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer CAMBRIDGE HEALTH ALLIANCE	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	[]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) RONALD L SARGENT		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 5 BRIDGETON WAY		Transaction ID : SA11Al.7366
City HOPKINTON	State MA	Zip Code 01748
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer STAPLES, INC.	Occupation CHAIRMAN & CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) RONALD L SARGENT		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 5 BRIDGETON WAY		Transaction ID : SA11Al.7367
City HOPKINTON	State MA	Zip Code 01748
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer STAPLES, INC.	Occupation CHAIRMAN & CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) KAREN SAWYER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 19 SUTHERLAND ST.		Transaction ID : SA11Al.7690
City ANDOVER	State MA	Zip Code 01810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer CITY OF PEABODY	Occupation COMMUNITY DEVELOPMENT AND PLANNING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SCAFIDI JULIANO LLP

Mailing Address 310 WASHINGTON ST
SUITE 201

City State Zip Code
WELLESLEY MA 02481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.9089

Amount of Each Receipt this Period
 500.00

LLP INFORMATION REQUESTED

B. Full Name (Last, First, Middle Initial)
WILLIAM SCHERBER

Mailing Address 63 DANA RD

City State Zip Code
READING MA 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAPIENTNITRO VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8270

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MS. LESLEE SCHLOPAK

Mailing Address 183 SOUTH ST

City State Zip Code
ROCKPORT MA 01966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8384

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JC SCOTT

Mailing Address 3118 MILITARY RD

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer AVAMED Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8761

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
ANNE SELBY

Mailing Address 38 PHILLIPS BEACH AVE

City SWAMPSCOTT State MA Zip Code 01907

FEC ID number of contributing federal political committee. **C**

Name of Employer EVERETT MANAGEMENT Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8662

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
MRS. STACEY SEVINOR

Mailing Address 7 SEVINOR ROAD

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer WAYNE ALARM COMPANY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8500

Amount of Each Receipt this Period
 1476.19

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2276.19

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIN SEXTON

Mailing Address **20 EMERSON STREET**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BETH ISREAL D.M.** Occupation **NURSE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8298

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KEVIN SEXTON

Mailing Address **20 EMERSON ST**

City **READING** State **MA** Zip Code **01867**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CENTURY 21 SEXTON & DONOHUE** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.7581

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. JEAN M SHAW

Mailing Address **PO BOX 242**

City **ANDOVER** State **ME** Zip Code **04216-0242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.8496

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOHN J SHEEHAN

Mailing Address 16 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8858

Amount of Each Receipt this Period
 200.00

Amount of Each Receipt this Period
 450.00

B. Full Name (Last, First, Middle Initial)
MR. PETER SHERWOOD

Mailing Address 11 HART ST

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer PRIDES CROSSING CAPITAL Occupation MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7160

Amount of Each Receipt this Period
 500.00

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM SILK

Mailing Address 130 SUMMER STREET

City STONEHAM State MA Zip Code 02180

FEC ID number of contributing federal political committee. **C**

Name of Employer MINUTEMAN Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8506

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK J SIMEOLA

Mailing Address 11 STEVENS RD.

City MELROSE State MA Zip Code 02176

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7655

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
VIOLA SIMEOLA

Mailing Address 7 LANTERN LN

City WAKEFIELD State MA Zip Code 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7674

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PAUL SINGER

Mailing Address 1 W 81ST ST

City NEW YORK State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer ELLIOTT MANAGEMENT Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.8422

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD SINGLETON

Mailing Address **21 OCEAN STREET**

City **MANCHESTER** State **MA** Zip Code **01944**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SEAL COATING INC.** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8774

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MATTHEW SISK

Mailing Address **384 TILDEN COMMONS LANE**

City **BRAINTREE** State **MA** Zip Code **02184**

FEC ID number of contributing federal political committee. **C**

Name of Employer **U.S. GOVERNMENT** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.8106

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD B SMITH

Mailing Address **14 BROOK HILLS CIR**

City **WHITE PLAINS** State **NY** Zip Code **10605-5004**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LSTA** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7065

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 244
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM SMITH

Mailing Address 1007 EAST CAPITOL ST. SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIVITAS PUBLIC AFFAIRS GROUP POLITICAL CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7873

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL E. SORRELL

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City State Zip Code
LAS VEGAS NV 89102-5951

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period
5200.00
SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MICHAEL E. SORRELL

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City State Zip Code
LAS VEGAS NV 89102-5951

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8576

Amount of Each Receipt this Period
-2600.00
SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL E. SORRELL

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8577

Amount of Each Receipt this Period
 2600.00

REDESIGNATED

B. Full Name (Last, First, Middle Initial)
JOANNE ST. PIERRE

Mailing Address 29 NEWCOMB RD

City STONEHAM State MA Zip Code 02180

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSPORT Occupation BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2014

Transaction ID : SA11AI.7243

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
JOANNE ST. PIERRE

Mailing Address 29 NEWCOMB RD

City STONEHAM State MA Zip Code 02180

FEC ID number of contributing federal political committee. **C**

Name of Employer MASSPORT Occupation BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.8248

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) RICK STARBARD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 221 VERONA ST		Transaction ID : SA11AI.8346
City LYNN	State MA	Zip Code 01904
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer RICK'S AUTO COLLISION, INC	Occupation BUS. OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) JAMES STAVIS		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2014
Mailing Address 200 SAGAMORE ST		Transaction ID : SA11AI.8392
City SOUTH HAMILTON	State MA	Zip Code 01982
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer NORTH COAST SEAFOODS	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) STEVEN F STOCKMEYER		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2014
Mailing Address 8350 HAWKS GULLY AVE		Transaction ID : SA11AI.7240
City DELRAY BEACH	State FL	Zip Code 33446
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. LAURIE SUKOFF		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 8 ABBOTT LANE		Transaction ID : SA11AI.8428	
City BEDFORD	State MA	Zip Code 01730	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. EUGENE SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 65 MORRISON RD.		Transaction ID : SA11AI.7652	
City WAKEFIELD	State MA	Zip Code 01880	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. HENRY SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 28 BRAINARD AVE., APT.410		Transaction ID : SA11AI.7379	
City MEDFORD	State MA	Zip Code 02155	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MINTZ LEVIN	Occupation ATTONREY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2000.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEVEN RICHARD SULLIVAN

Mailing Address 41 COLBURN RD

City READING State MA Zip Code 01867

FEC ID number of contributing federal political committee. **C**

Name of Employer MIDDLESEX COMMUNITY COLLEGE Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8918

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
TERRY SULLIVAN

Mailing Address 4 FOX RUN LANE

City MARBLEHEAD State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer REMAX ADVANTAGE REAL ESTATE Occupation BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8964

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL SWEAT

Mailing Address 91 SPOFFORD STREET

City GEORGETOWN State MA Zip Code 01833

FEC ID number of contributing federal political committee. **C**

Name of Employer ODYSSEY SYSTEMS Occupation BUSINESS OWNER/GOVT SVCS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.8089

Amount of Each Receipt this Period
 3200.00
 SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL SWEAT

Mailing Address 91 SPOFFORD STREET

City State Zip Code
GEORGETOWN MA 01833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.8423

Amount of Each Receipt this Period
-600.00

SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
MICHAEL SWEAT

Mailing Address 91 SPOFFORD STREET

City State Zip Code
GEORGETOWN MA 01833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.8424

Amount of Each Receipt this Period
600.00

REDESIGNATED

C. Full Name (Last, First, Middle Initial)
ALBERT SYMES

Mailing Address 4697 RUE BELLE MER

City State Zip Code
SANIBEL FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8950

Amount of Each Receipt this Period
5200.00

SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALBERT SYMES

Mailing Address 4697 RUE BELLE MER

City State Zip Code
SANIBEL FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period
-2600.00
SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
ALBERT SYMES

Mailing Address 4697 RUE BELLE MER

City State Zip Code
SANIBEL FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8993

Amount of Each Receipt this Period
2600.00
REDESIGNATED

C. Full Name (Last, First, Middle Initial)
MR. PAUL TAYLOR

Mailing Address 9 EVERGREEN LANE

City State Zip Code
MEREDITH NH 03253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7096

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 244
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LORETTA TENAGLIA

Mailing Address 101 BROOKSBY VILLAGE DR
APT 111

City Peabody State MA Zip Code 01960

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7351

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LORETTA TENAGLIA

Mailing Address 101 BROOKSBY VILLAGE DR
APT 111

City Peabody State MA Zip Code 01960

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM J THIBEAULT

Mailing Address 85 BOSTON ST.

City Everett State MA Zip Code 02149-4726

FEC ID number of contributing federal political committee. **C**

Name of Employer GREAT NORTHERN DEMOLITION Occupation SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8740

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER THIEL

Mailing Address 1 LETTERMAN DRIVE BLDG C STE 400

City State Zip Code
SAN FRANCISCO CA 94129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THIEL CAPITAL LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.8231

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
PETER THIEL

Mailing Address 1 LETTERMAN DRIVE BLDG C STE 400

City State Zip Code
SAN FRANCISCO CA 94129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THIEL CAPITAL LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.8232

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
FREDERICK G.P. THORNE

Mailing Address 94 BRIDGE STREET

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8783

Amount of Each Receipt this Period
 2000.00
 SEE REDESIGNATION BELOW

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FREDERICK G.P. THORNE

Mailing Address 94 BRIDGE STREET

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8994

Amount of Each Receipt this Period
 -400.00
 SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
FREDERICK G.P. THORNE

Mailing Address 94 BRIDGE STREET

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8995

Amount of Each Receipt this Period
 400.00
 REDESIGNATED

C. Full Name (Last, First, Middle Initial)
JULIEANN THURLOW

Mailing Address 29 WESTWIND DRIVE

City State Zip Code
METHUEN MA 01844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
READING CO-OPERATIVE BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7890

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TIM TIERNEY

Mailing Address 101 MAIN ST.

City WENHAM State MA Zip Code 01984

FEC ID number of contributing federal political committee. **C**

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7862

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
BEVERLY TISEI

Mailing Address 701 MAIN ST.

City WAKEFIELD State MA Zip Code 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN HOME INSPECTION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7756

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
MICH TOCCO

Mailing Address 18 GLENDALE AVE

City MELROSE State MA Zip Code 02176

FEC ID number of contributing federal political committee. **C**

Name of Employer INTEGRATED PHARMACY SOLUTIONS, INC. Occupation PHARMACY CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8928

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) JOHN TOMICH		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 14 WILLOWBY WAY		Transaction ID : SA11AI.8821
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Election Cycle-to-Date 3600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) DAVID TREBING		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 3900 CATHEDRAL AVE NW APT 802-A		Transaction ID : SA11AI.8580
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DAIMLER	Occupation AUTO EXEC	Election Cycle-to-Date 875.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MR. PETER G TROMBLEY		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address		Transaction ID : SA11AI.7618
City	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED	Election Cycle-to-Date 350.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ALBERT TURCO

Mailing Address 16 INDIAN LN

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period
2000.00
SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
MR. ALBERT TURCO

Mailing Address 16 INDIAN LN

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.8425

Amount of Each Receipt this Period
-400.00
SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MR. ALBERT TURCO

Mailing Address 16 INDIAN LN

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.8426

Amount of Each Receipt this Period
400.00
REDESIGNATED

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MS. JANE E VAN FAASEN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 12 PROCTOR ST		Transaction ID : SA11AI.8413	
City MANCHESTER	State MA	Zip Code 01944	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. WILLIAM VAN FAASEN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 12 PROCTOR STREET		Transaction ID : SA11AI.8403	
City MANCHESTER	State MA	Zip Code 01944	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. WILLIAM VAN FAASEN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 12 PROCTOR STREET		Transaction ID : SA11AI.8788	
City MANCHESTER	State MA	Zip Code 01944	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	3100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JACK VENTOLA

Mailing Address 18 SOUTHPOINT LANE

City State Zip Code
IPSWICH MA 01938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL FISH & SEAFOOD, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8116

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARK VENTOLA

Mailing Address 3 ASPEN LANE

City State Zip Code
STONEHAM MA 02180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHEEHAN & PHINNEY ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7682

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT VENUTI

Mailing Address 100 COMMERCIAL ST.

City State Zip Code
BOSTON MA 02109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7175

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) GEORGE VIOLIN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 16 MAIN ST		Transaction ID : SA11AI.7518
City DOVER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. JASON WALKER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 322 ASH STREET		Transaction ID : SA11AI.8730
City WINCHENDON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MDR CONSTRUCTION	Occupation CONSTRUCTION	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. JOHN J WARCHOL		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2014
Mailing Address 10 RICHARDSON AVE		Transaction ID : SA11AI.7094
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NSTAR	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT WATERS

Mailing Address 501 LEXINGTON STREET #99

City: WALTHAM State: MA Zip Code: 02452

FEC ID number of contributing federal political committee: C

Name of Employer: CITY OF WALTHAM Occupation: HOUSING SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11AI.7614

Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
WILLIAM WATT

Mailing Address 4 THOMAS CIRCLE

City: MARBLEHEAD State: MA Zip Code: 01945

FEC ID number of contributing federal political committee: C

Name of Employer: OPS RULES Occupation: MANAGMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 02 / 2014

Transaction ID : SA11AI.7263

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
WILLIAM WATT

Mailing Address 4 THOMAS CIRCLE

City: MARBLEHEAD State: MA Zip Code: 01945

FEC ID number of contributing federal political committee: C

Name of Employer: OPS RULES Occupation: MANAGMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : SA11AI.8108

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. KENNETH WEISS

Mailing Address 59 SARGENT STREET

City State Zip Code
NEWTON MA 02458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT WHITE

Mailing Address 25 CHANNEL CENTER STREET, #1002

City State Zip Code
BOSTON MA 02210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8567

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH M WHITNEY

Mailing Address 26 GREENLEAF DR.

City State Zip Code
DANVERS MA 01923-1528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTH SHORE MECHANICAL CONTRACTOR PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.7152

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
URSULA WHITNEY

Mailing Address **26 GREENLEAF DR**

City **DANVERS** State **MA** Zip Code **01923**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTH SHORE NUTRITION CONSULTANTS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.7150

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. JEFFERY WILMOT

Mailing Address **6 FULLER FARM**

City **TOPSFIELD** State **MA** Zip Code **01983**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PTC** Occupation **VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL WOLNIK

Mailing Address **170 OLYMPIC LANE**

City **NORTH ANDOVER** State **MA** Zip Code **01845**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WAKEFIELD COOPERATIVE BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7456

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NICHOLAS XENOS

Mailing Address **12 WESTFORD STREET**

City **CHELMSFORD** State **MA** Zip Code **01824**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GENERAL ELECTRIC COMPANY** Occupation **MACHINE OPERATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8581

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JESS YESCALIS

Mailing Address **513 WEST CAMPBELL AVENUE**

City **PHOENIX** State **AZ** Zip Code **85013**

FEC ID number of contributing federal political committee. **C**

Name of Employer **YCS** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.8065

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT ZIFF

Mailing Address **350 PARK AVENUE
11TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ZIFF BROTHERS INVESTMENTS** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7829

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 244
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) ROBERT ZIFF		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 350 PARK AVENUE 11TH FLOOR		Transaction ID : SA11AI.7830
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ZIFF BROTHERS INVESTMENTS	Occupation FOUNDER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) EDWARD ZUKER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address PO BOX 67377		Transaction ID : SA11AI.7848
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CHESTNUT HILL REALTY	Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	295056.19

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Mailing Address 121 N HENRY STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00010124

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8202

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET
SUITE 225

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11C.8274

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11C.7141

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRADY FOR CONGRESS

Mailing Address **PO BOX 8277**

City **THE WOODLANDS** State **TX** Zip Code **77387**

FEC ID number of contributing federal political committee. **C C00311043**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7943

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE

Mailing Address **888 16TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7904

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
BYRNE FOR CONGRESS INC

Mailing Address **PO BOX 2743**

City **MOBILE** State **AL** Zip Code **36652**

FEC ID number of contributing federal political committee. **C C00545673**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7923

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H STREET NORTHWEST

City WASHINGTON State DC Zip Code 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7951

Amount of Each Receipt this Period
 2280.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR RESPONSIBLE ENERGY SOLUTIONS INC PAC (CRES PAC)

Mailing Address 455 MASSACHUSETTS AVE, NW #142

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00553974

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11C.7670

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.9033

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5280.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address **12176 CHANCERY STATION CIRCLE**

City	State	Zip Code
RESTON	VA	20190

FEC ID number of contributing federal political committee. **C C00404392**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : SA11C.7984

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address **PO BOX 20503**

City	State	Zip Code
INDIANAPOLIS	IN	46220

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2014

Transaction ID : SA11C.8218

Amount of Each Receipt this Period
 _____ 2500.00

C. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE

Mailing Address **PO BOX 2485**

City	State	Zip Code
SPRINGFIELD	VA	22152

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : SA11C.7947

Amount of Each Receipt this Period
 _____ 1000.00

SUBTOTAL of Receipts This Page (optional).....	_____ 4500.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7958

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7959

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD SUITE I-2

City WEST CHESTER State OH Zip Code 45069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7955

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

12000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I-2

City WEST CHESTER State OH Zip Code 45069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7956

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM JOHNSON

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086

FEC ID number of contributing federal political committee. **C** C00250720

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11C.8268

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GAY AND LESBIAN VICTORY FUND FEDERAL PAC

Mailing Address 1133 15TH STREET, NW
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00476978

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11C.7371

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GREATER TOMORROW POLITICAL ACTION COMMITTEE

Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00526715**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7945

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City State Zip Code
CONCORD NC 28027

FEC ID number of contributing federal political committee. **C C00504522**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7933

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ICE PAC

Mailing Address PO BOX 752

City State Zip Code
LONG LAKE MN 55356

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7900

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC

Mailing Address PO BOX 3799

City State Zip Code
VISTA CA 92085

FEC ID number of contributing federal political committee. **C** C00450320

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7931

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.9035

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
LCR PAC

Mailing Address 1090 VERMONT AVE NW, SUITE 850

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00405506

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8766

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address P.O. BOX 1872

City State Zip Code
TOPEKA KS 66601

FEC ID number of contributing federal political committee. **C** C00491043

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7892

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address PO BOX 917

City State Zip Code
SHELBYVILLE IN 46176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7918

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City State Zip Code
HENDERSONVILLE NC 28793

FEC ID number of contributing federal political committee. **C** C00503094

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8165

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7925

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MORTGAGE BROKERS

Mailing Address 2701 WEST 15TH STREET
SUITE 536

City State Zip Code
PLANO TX 75075

FEC ID number of contributing federal political committee. **C C00254201**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11C.7143

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8816

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPA

Mailing Address 1605 KING STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.8818

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NEW PAC

Mailing Address P.O. BOX 7480

City State Zip Code
VISALIA CA 93290

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7949

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7935

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NFIB THE VOICE OF FREE ENTERPRISE INC.

Mailing Address 1201 F STREET
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C90013509

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8768

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

FEC ID number of contributing federal political committee. **C** C00466870

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7941

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 EVENING LANE

City ALEXANDRIA State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7911

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7907

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAJORITY FOR CHOICE

Mailing Address 1900 L STREET NW
SUITE 614

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00346635

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.8770

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7896

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THE JONES COMMITTEE

Mailing Address **249 PARK STREET**

City **NORTH READING** State **MA** Zip Code **01864**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11C.8264

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address **228 S. WASHINGTON STREET
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00330720**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7939

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address **2700 CUMBERLAND PARKWAY, SUITE 150**

City **ATLANTA** State **GA** Zip Code **30339**

FEC ID number of contributing federal political committee. **C C00409805**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7915

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 244
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8814

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City State Zip Code
ROGERS AR 72757

FEC ID number of contributing federal political committee. **C** C00477745

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8170

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

7780.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CLEM ABRAMS

Mailing Address 8015 N LA JOLLA SCENIC DR

City LA JOLLA State CA Zip Code 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA12.9057

Amount of Each Receipt this Period
 _____ 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ANN PAC

Mailing Address P.O. BOX 3535

City BALLWIN State MO Zip Code 63022

FEC ID number of contributing federal political committee. **C** C00531764

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA12.9039

Amount of Each Receipt this Period
 _____ 500.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GREG BENSON

Mailing Address PO BOX 1593

City RANCHO SANTA FE State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer GLENBROOK Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9081

Amount of Each Receipt this Period
 _____ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GREG BENSON

Mailing Address PO BOX 1593

City RANCHO SANTA FE State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer GLENBROOK Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9082

Amount of Each Receipt this Period
 _____ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JD BOLS

Mailing Address 136 JUNIPER ST

City SAN DIEGO State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C**

Name of Employer JD BOLS AND ASSOCIATES Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9075

Amount of Each Receipt this Period
 _____ 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ERIC B BRINKER

Mailing Address 4700 N UNIVERSITY ST SPC 24

City PEORIA State IL Zip Code 61614

FEC ID number of contributing federal political committee. **C**

Name of Employer METRO LEASING OF ILLINOIS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA12.9047

Amount of Each Receipt this Period
 _____ 500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KELLY BURT

Mailing Address 10920 VIA FRONTERA #510

City SAN DIEGO State CA Zip Code 92127

FEC ID number of contributing federal political committee. **C**

Name of Employer PRICE SELF STORAGE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA12.9059

Amount of Each Receipt this Period
 _____ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DENISE CLEMENCE

Mailing Address 128 COUNTRY CLUB PLACE

City SOUTHBRIDGE State MA Zip Code 01550

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA12.9061

Amount of Each Receipt this Period
 _____ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT DAY

Mailing Address 729 BEL AIR RD

City LOS ANGELES State CA Zip Code 90017

FEC ID number of contributing federal political committee. **C**

Name of Employer TRUST COMPANY OF THE WEST Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA12.9071

Amount of Each Receipt this Period
 _____ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT DAY

Mailing Address 729 BEL AIR RD

City State Zip Code
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRUST COMPANY OF THE WEST CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA12.9072

Amount of Each Receipt this Period
2200.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
162114.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA12.8578

Amount of Each Receipt this Period
7094.17

JFC TRANSFER - SEE MEMO ENTRIES

C. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
166352.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA12.8579

Amount of Each Receipt this Period
4237.74

JFC TRANSFER - SEE MEMO ENTRIES

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11331.91

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 183273.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.8998

Amount of Each Receipt this Period
 16921.40

JFC TRANSFER - SEE MEMO ENTRIES

B. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 189466.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.8999

Amount of Each Receipt this Period
 6192.88

JFC TRANSFER - SEE MEMO ENTRIES

C. Full Name (Last, First, Middle Initial)
LOUIS FERRERO

Mailing Address 14496 STRAWBERRY RD

City RANCHO SANTA FE State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9077

Amount of Each Receipt this Period
 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

23114.28

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) KEVIN FIALKO		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 7514 GIRARD AVE STE 1-739		Transaction ID : SA12.9065	
City LA JOLLA	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer TORTOISE MARKET RESEARCH	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

Full Name (Last, First, Middle Initial) KEVIN FIALKO		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 7514 GIRARD AVE STE 1-739		Transaction ID : SA12.9073	
City LA JOLLA	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer TORTOISE MARKET RESEARCH	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

Full Name (Last, First, Middle Initial) KEN GILMORE		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 475 BRICKELL AVE #910		Transaction ID : SA12.9053	
City MIAMI	State FL	Zip Code 33131	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer WEBIOTIC	Occupation WEB DEVELOPER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 244
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ELEANOR GOODMAN

Mailing Address **211 VIA TORTUGA**

City **PALM BEACH** State **FL** Zip Code **33480**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA12.9055

Amount of Each Receipt this Period
500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GREATER TOMORROW PAC

Mailing Address **600 PENNSYLVANIA AVENUE SE
SUITE 330**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA12.9045

Amount of Each Receipt this Period
200.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
B. WAYNE HUGHES JR.

Mailing Address **22917 PACIFIC COAST HWY
STE 350**

City **MALIBU** State **CA** Zip Code **90265**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA12.9063

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOBS, ECONOMY AND BUDGET FUND (JEB FUND)

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA12.9043

Amount of Each Receipt this Period
5000.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LARRY V KLING

Mailing Address 14215 MARIANOPOLOS WAY

City State Zip Code
SAN DIEGO CA 92129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA12.9069

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LARRY V KLING

Mailing Address 14215 MARIANOPOLOS WAY

City State Zip Code
SAN DIEGO CA 92129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9078

Amount of Each Receipt this Period
250.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TYLER D LEWELLING

Mailing Address 7921 INTERVALE WAY

City State Zip Code
POWELL TN 37849

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF TENNESSEE ADMISSIONS COUNSELOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA12.9051

Amount of Each Receipt this Period
5.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
AIMEE LOCKE

Mailing Address 601 CONTOUR DR

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA12.9048

Amount of Each Receipt this Period
1600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
AIMEE LOCKE

Mailing Address 601 CONTOUR DR

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA12.9049

Amount of Each Receipt this Period
2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) LEANN MCCARTHY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1915 TOWNSEND PL		Transaction ID : SA12.9084	
City EL CAJON	State CA	Zip Code 92019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

Full Name (Last, First, Middle Initial) LEANN MCCARTHY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1915 TOWNSEND PL		Transaction ID : SA12.9085	
City EL CAJON	State CA	Zip Code 92019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 320 FIRST STREET SE		Transaction ID : SA12.9037	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C C00075820		Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
		JFC TRANSFER: YOUNG GUNS DAY I 2014 [MEMO ITEM]	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
OORAH! POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 1053**

City **BLOOMINGTON** State **IN** Zip Code **47402**

FEC ID number of contributing federal political committee. **C C00551853**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA12.9041

Amount of Each Receipt this Period
500.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JON SUNDT

Mailing Address **9090 LA JOLLA SHORES LN**

City **LA JOLLA** State **CA** Zip Code **92067**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALTERIS INVESTMENTS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA12.9067

Amount of Each Receipt this Period
2500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DAVID C WEINSTEIN

Mailing Address **158 COTTON ST**

City **NEWTON** State **MA** Zip Code **02458**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA12.9079

Amount of Each Receipt this Period
2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 244
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
YOUNG GUNS DAY I 2014

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00563635

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10540.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.8997

Amount of Each Receipt this Period
 10540.32

JFC TRANSFER - SEE MEMO ENTRIES

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10540.32

44986.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ACAPULCOS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 900 CUMMINGS CENTER		Amount of Each Disbursement this Period 214.41
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Transaction ID : SB17.6898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 63.91
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: BANK FEES	
Candidate Name		Transaction ID : SB17.6899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 4370.74
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.9090
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4370.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 8743.47
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: BANK FEES	Transaction ID : SB17.6961
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 8383.28
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9091
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 360.19
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9092
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8743.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 914.88
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9093
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 78.33
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9094
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.6908
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	993.21
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.6909
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56 Transaction ID : SB17.6926
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56 Transaction ID : SB17.6929
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999			Amount of Each Disbursement this Period 26.35 Transaction ID : SB17.9095
City SAN FRANCISCO	State CA	Zip Code 94128	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999			Amount of Each Disbursement this Period 35.25 Transaction ID : SB17.9096
City SAN FRANCISCO	State CA	Zip Code 94128	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999			Amount of Each Disbursement this Period 25.90 Transaction ID : SB17.9097
City SAN FRANCISCO	State CA	Zip Code 94128	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	87.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.25 Transaction ID : SB17.9098
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.15 Transaction ID : SB17.9099
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.30 Transaction ID : SB17.9100
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	95.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AZURE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 710 BOYLSTON STREET		Amount of Each Disbursement this Period 2117.01
City BOSTON	State MA Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6928
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AZURE		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 710 BOYLSTON STREET		Amount of Each Disbursement this Period 580.75
City BOSTON	State MA Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6947
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BEAR HILL GOLF CLUB, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2 NORTH STREET		Amount of Each Disbursement this Period 2117.01
City STONEHAM	State MA Zip Code 02180	
Purpose of Disbursement EVENT REGISTRATION FEES		Transaction ID : SB17.9101
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2117.01
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 7601 PENN AVE SOUTH		Amount of Each Disbursement this Period 1501.83
City RICHFIELD State MN Zip Code 55423	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6921 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON State MA Zip Code 02215	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name	Category/Type	Transaction ID : SB17.9102
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON State MA Zip Code 02215	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name	Category/Type	Transaction ID : SB17.9103
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1482.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON	State MA Zip Code 02215	
Purpose of Disbursement PAYROLL BENEFITS	Category/Type	Transaction ID : SB17.9104
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BULL FEATHERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 410 FIRST STREET SE		Amount of Each Disbursement this Period 84.40
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	Category/Type	Transaction ID : SB17.6894
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1050.00
City READING	State MA Zip Code 01867	
Purpose of Disbursement FIELD CONSULTING	Category/Type	Transaction ID : SB17.9201
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1791.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9202
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9203
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPE ANN BREWING CO		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 11 ROGERS STREET		Amount of Each Disbursement this Period 61.97 Transaction ID : SB17.6923 [MEMO ITEM]
City GLOUCESTER State MA Zip Code 01930	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CASA LARIOS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 7705 W FLAGLER STREET		Amount of Each Disbursement this Period 62.50
City MIAMI	State FL Zip Code 33144	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6890
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK	State NJ Zip Code 07101	
Purpose of Disbursement BROADBAND SERVICES		Transaction ID : SB17.9109
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK	State NJ Zip Code 07101	
Purpose of Disbursement BROADBAND SERVICES		Transaction ID : SB17.9110
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	270.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DAPA RESEARCH INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 9000.00
City LYNNFIELD	State MA Zip Code 01940	
Purpose of Disbursement RESEARCH CONSULTING	Category/Type	Transaction ID : SB17.9114
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DAPA RESEARCH INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 10500.00
City LYNNFIELD	State MA Zip Code 01940	
Purpose of Disbursement RESEARCH CONSULTING	Category/Type	Transaction ID : SB17.9115
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 930.61
City AUBURN	State MA Zip Code 01501	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/Type	Transaction ID : SB17.9214
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20430.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 27A MIDSTATE DRIVE STE 218			Amount of Each Disbursement this Period 1126.97	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.9220	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 27A MIDSTATE DRIVE STE 218			Amount of Each Disbursement this Period 1069.17	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.9227	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 27A MIDSTATE DRIVE STE 218			Amount of Each Disbursement this Period 5026.78	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.9213	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	7222.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1403.77
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Transaction ID : SB17.9233
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1185.89
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Transaction ID : SB17.9239
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1175.39
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES		Transaction ID : SB17.9245
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3765.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 76 STOREY AVE		Amount of Each Disbursement this Period 24.38
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9234
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9240
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9246
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPT 4634		Amount of Each Disbursement this Period
City MEMPHIS	State TN	Zip Code 38116
Purpose of Disbursement KORB REIMBURSEMENT: POSTAGE		Transaction ID : SB17.9255
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX OFFICE		M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 240 ANDOVER STREET		Amount of Each Disbursement this Period
City PEABODY	State MA	Zip Code 01960
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.6877
Candidate Name		Category/Type
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FIRSTGIVING		M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 34 FARNSWORTH STREET		Amount of Each Disbursement this Period
City BOSTON	State MA	Zip Code 02210
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: FUNDRAISING CONSULTING		Transaction ID : SB17.6911
Candidate Name		Category/Type
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GATEWAY REALTY TRUST			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014		
Mailing Address 239 WESTERN AVE			Amount of Each Disbursement this Period 2341.92		
City ESSEX	State MA	Zip Code 01929	Transaction ID : SB17.9118		
Purpose of Disbursement RENT & UTILITIES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. GATEWAY REALTY TRUST			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014		
Mailing Address 239 WESTERN AVE			Amount of Each Disbursement this Period 2379.30		
City ESSEX	State MA	Zip Code 01929	Transaction ID : SB17.9119		
Purpose of Disbursement RENT & UTILITIES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. GATEWAY REALTY TRUST			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014		
Mailing Address 239 WESTERN AVE			Amount of Each Disbursement this Period 2413.90		
City ESSEX	State MA	Zip Code 01929	Transaction ID : SB17.9120		
Purpose of Disbursement RENT & UTILITIES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7135.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 85.47
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6903 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 90.66
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6930 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 89.45
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6944 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 244		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GO OUT LOUD		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 265 ESSEX STREET #205		Amount of Each Disbursement this Period 295.00 Transaction ID : SB17.9124
City SALEM State MA Zip Code 01970	Purpose of Disbursement FACILITY RENTAL/CATE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9215
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9223
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6295.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 193 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9229
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9235
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9241
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9247
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GRANITE LISTS LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO BOX 262		Amount of Each Disbursement this Period 578.34 Transaction ID : SB17.9126
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement LIST RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GRIDIRON COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO BOX 1308		Amount of Each Disbursement this Period 11325.60 Transaction ID : SB17.9127
City GRANGER	State IN	
Zip Code 46530	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	14903.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 195 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HYATT REGENCY HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 400 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 1367.82
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.6888 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ICORI		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 200 ARLINGTON ST SUITE 2200		Amount of Each Disbursement this Period 50.00
City CHELSEA State MA Zip Code 02150	Purpose of Disbursement SZOLD REIMBURSEMENT: RESEARCH FEE	
Candidate Name	Category/Type	Transaction ID : SB17.9261 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 6508.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEBSITE DEVELOPMENT	
Candidate Name	Category/Type	Transaction ID : SB17.9128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6508.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 196 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. INTERNATIONAL PLACE GARAGE

Mailing Address 1 INTERNATIONAL PLACE

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
AMEX 4/21/14 CC PAYMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 19 / 2014

Amount of Each Disbursement this Period
32.00

Transaction ID : SB17.6896

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. INTERNATIONAL PLACE PARKING GARAGE

Mailing Address 100 OLIVER ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
KORB REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 19 / 2014

Amount of Each Disbursement this Period
32.00

Transaction ID : SB17.9252

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JETBLUE AIRWAYS

Mailing Address 118-29 QUEENS BLVD

City FOREST HILLS State NY Zip Code 11375

Purpose of Disbursement
AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 04 / 2014

Amount of Each Disbursement this Period
278.00

Transaction ID : SB17.6878

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 197 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JETBLUE AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD		Amount of Each Disbursement this Period 278.00
City FOREST HILLS	State NY	
Zip Code 11375	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6879
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. JETBLUE AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD		Amount of Each Disbursement this Period 278.00
City FOREST HILLS	State NY	
Zip Code 11375	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6880
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PAUL J KARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 182 NEWBURY ST		Amount of Each Disbursement this Period 66.81
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9205
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	66.81
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 198 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. KOHLBERG KRAVIS ROBERTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address ATTN: DONNA MCHUGH 9 WEST 57TH ST, STE 4200		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.9130
City NEW YORK State NY Zip Code 10019	Purpose of Disbursement FACILITY RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9216
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9224
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ASHLEY KORB			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9230
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. ASHLEY KORB			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 77.45 Transaction ID : SB17.9197
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. ASHLEY KORB			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9236
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7077.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ASHLEY KORB		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9242
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ASHLEY KORB		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9248
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LENOX HOTEL		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 61 EXTER STREET		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.6946 [MEMO ITEM]
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: LODGING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT MACARTHUR			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 16 ROPES STREET			Amount of Each Disbursement this Period 250.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.9207	
Purpose of Disbursement ADMINSTRATIVE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MARKET BASKET			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 230 S MAIN STREET			Amount of Each Disbursement this Period 49.39	
City MIDDLETON	State MA	Zip Code 01949	Transaction ID : SB17.9257	
Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MARKET BASKET			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 230 S MAIN STREET			Amount of Each Disbursement this Period 78.81	
City MIDDLETON	State MA	Zip Code 01949	Transaction ID : SB17.9263	
Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARKET BASKET

Mailing Address 230 S MAIN STREET

City MIDDLETON State MA Zip Code 01949

Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 03 / 2014

Amount of Each Disbursement this Period: 8.95

Transaction ID : SB17.6935

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS PORT AUTHORITY

Mailing Address 1 HARBORSIDE DRIVE

City BOSTON State MA Zip Code 02128

Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 10.00

Transaction ID : SB17.6886

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MERCHANT WAREHOUSE

Mailing Address PO BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 667.75

Transaction ID : SB17.9131

SUBTOTAL of Disbursements This Page (optional) 667.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 203 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MERCHANT WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 812.79
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9132
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MERCHANT WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 167.86
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9133
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 111.66
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9210
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1092.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 204 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 100.90 Transaction ID : SB17.9211
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9225
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9231
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3600.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 205 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9237
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9243
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9249
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUSHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9218
City LYNNFIELD	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NEWBURYPORT SIGNS & GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 120 PLEASANT ST		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9137
City NEWBURYPORT	State MA	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NEWBURYPORT SIGNS & GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 120 PLEASANT ST		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9138
City NEWBURYPORT	State MA	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6925 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6940 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NORTH SHORE CHAMBER OF COMMERCE		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 5 CHERRY HILL DRIVE		Amount of Each Disbursement this Period 150.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6905 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORTH SHORE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 5 CHERRY HILL DRIVE		Amount of Each Disbursement this Period 37.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6943 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NORTH SHORE PRIDE		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO BOX 355		Amount of Each Disbursement this Period 1000.00
City MANCHESTER State MA Zip Code 01944	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.9140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NORTH SHORE PRIDE		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 355		Amount of Each Disbursement this Period 150.00
City MANCHESTER State MA Zip Code 01944	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.9141
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 209 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NUGENT PHOTOGRAPHY		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 56 CANTERBURY RD		Amount of Each Disbursement this Period 100.00
City YARMOUTH PORT State MA Zip Code 02675	Purpose of Disbursement SZOLD REIMBURSEMENT: PHOTOGRAPHY SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.9256 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NUGENT PHOTOGRAPHY		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 56 CANTERBURY RD		Amount of Each Disbursement this Period 150.00
City YARMOUTH PORT State MA Zip Code 02675	Purpose of Disbursement PHOTOGRAPHY SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.9142
State: District:		

Full Name (Last, First, Middle Initial) C. OPERATION TROOP SUPPORT		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 16 TRINITY STREET		Amount of Each Disbursement this Period 5100.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement CHARITABLE CONTRIBUTION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.9144
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 228 MAIN STREET		Amount of Each Disbursement this Period 6.40
City WILMINGTON	State MA	
Purpose of Disbursement NEUHAUS REIMBURSEMENT: TRAVEL: FOOD		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. PEABODY MUNICIPAL LIGHT PLANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 700.00
City PEABODY	State MA	
Purpose of Disbursement UTILITIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2413.19
City BEVERLY	State MA	
Purpose of Disbursement COMPLAINCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3113.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : SB17.9148

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 1230.90
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : SB17.9149

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2464.35
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : SB17.9150

SUBTOTAL of Disbursements This Page (optional).....	6095.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 212 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. REDS KITCHEN AND TAVERN		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 131 NEWBURY STREET		Amount of Each Disbursement this Period 27.90
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6918 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RESIDENCE INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1199 VERMONT AVENUE		Amount of Each Disbursement this Period 433.96
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.6892 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RISTORANTE MARCELLINO		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 11 COOPER STREET		Amount of Each Disbursement this Period 675.00
City WALTHAM State MA Zip Code 02453	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.6960 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TIM ROGERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 4018 9TH STREET SOUTH		Amount of Each Disbursement this Period 450.00
City ARLINGTON	State VA Zip Code 22204	
Purpose of Disbursement FUNDRAISING CONSULTIING	Category/Type	Transaction ID : SB17.9209
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SEAPORT HOTEL GARAGE		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 1 SEAPORT LANE		Amount of Each Disbursement this Period 28.00
City BOSTON	State MA Zip Code 02210	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: PARKING SERVICES	Category/Type	Transaction ID : SB17.6951
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SOMETHING ELSE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 212 GOLDEN WILLOW COURT		Amount of Each Disbursement this Period 20800.00
City EASLEY	State SC Zip Code 29642	
Purpose of Disbursement PRODUCTION COSTS	Category/Type	Transaction ID : SB17.9152
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SOMETHING ELSE STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 212 GOLDEN WILLOW COURT			Amount of Each Disbursement this Period 10700.00 Transaction ID : SB17.9153
City EASLEY	State SC	Zip Code 29642	
Purpose of Disbursement PRODUCTION COSTS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. STANDARD PARKING			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 149 NEWBURY STREET			Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.6901 [MEMO ITEM]
City BOSTON	State MA	Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: PARKING SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 301 NEWBURY STREET			Amount of Each Disbursement this Period 106.53 Transaction ID : SB17.9258 [MEMO ITEM]
City DANVERS	State MA	Zip Code 01923	
Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	10700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 215 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 2014 133.84
City DANVERS State MA Zip Code 01923	Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.9259 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STOP & SHOP		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 19 HOWLEY ST		Amount of Each Disbursement this Period 2014 12.73
City PEABODY State MA Zip Code 01960	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.9270 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 2014 204.53
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.9155
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	204.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 38.75	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9156	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 54.46	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9157	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 421.58	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9158	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	514.79
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 33.35	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9159	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9160	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 20.05	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9161	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	61.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 506.43	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9162	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 6.53	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9163	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 39.80	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9164	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	552.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 219 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 39.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9165
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.47
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9166
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 87.50
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9167
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	131.77
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 119.70	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9168	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 2.28	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9169	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 306.74	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9170	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	428.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 221 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 32.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9171
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 217.28
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9172
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 69.14
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9173
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	318.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 222 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 309.90 Transaction ID : SB17.9174
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 55.85 Transaction ID : SB17.9175
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 255.83 Transaction ID : SB17.9176
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	621.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 11.97 Transaction ID : SB17.9177
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 22.33 Transaction ID : SB17.9178
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 31.13 Transaction ID : SB17.9179
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	65.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 224 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 42.08	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9180	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 60.16	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9181	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 21.54	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9182	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	123.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 225 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 21.54 Transaction ID : SB17.9183
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.25 Transaction ID : SB17.9184
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 415.66 Transaction ID : SB17.9185
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	441.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 226 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.25 Transaction ID : SB17.9186
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 16.91 Transaction ID : SB17.9187
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 94.82 Transaction ID : SB17.9188
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	115.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 227 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 112.42 Transaction ID : SB17.9189
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 55.62 Transaction ID : SB17.9190
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 92.90 Transaction ID : SB17.9191
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	260.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 228 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 737.73
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9192
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 423.25
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9193
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 700 BROADWAY		Amount of Each Disbursement this Period 51.16
City SAUGUS	State MA	
Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.6912
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1160.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 229 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 700 BROADWAY		Amount of Each Disbursement this Period 15.92
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.6938
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SWISSBAKERS		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 32 LINCOLN STREET		Amount of Each Disbursement this Period 31.15
City READING	State MA Zip Code 01867	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: CATERING SERVICES		Transaction ID : SB17.6914
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00
City LYNNFIELD	State MA Zip Code 01940	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.9219
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 4149.39 Transaction ID : SB17.9198
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9226
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9232
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4149.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 4106.53 Transaction ID : SB17.9199
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9238
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9244
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4106.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 232 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2183.84 Transaction ID : SB17.9200
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9250
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGET		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 123.77 Transaction ID : SB17.6907 [MEMO ITEM]
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2183.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TARGET		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 8.05
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6939
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period -8.05
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6949
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. TARGET		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 7.75
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9264
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. TARGET

Mailing Address 240 INDEPENDENCE WAY

City DANVERS State MA Zip Code 01923

Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 31.77

Transaction ID : SB17.9266

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. TASTE OF METRO NORTH 2014

Mailing Address PO BOX 61

City READING State MA Zip Code 01867

Purpose of Disbursement NEUHAUS REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 25 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.9268

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. TAXI MAGIC

Mailing Address 5904 RICHMOND HWY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 05 / 2014

Amount of Each Disbursement this Period: 25.30

Transaction ID : SB17.6884

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 4100.31
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9195
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 66.81
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9262 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6100.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 39.79
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6936 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 80.57
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6937 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE PAPER STORE		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 53 DODGE STREET		Amount of Each Disbursement this Period 21.25
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6958 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 237 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THRIFTCO PRINTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 26 HOWLEY STREET		Amount of Each Disbursement this Period 2017.39
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement CAMPAIGN PROMOTIONAL	Transaction ID : SB17.9196
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNION SQUARE EVENTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 640 W 28TH STREET		Amount of Each Disbursement this Period 816.57
City NEW YORK	State NY	
Zip Code 10001	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: CATERING SERVICES	Transaction ID : SB17.6953
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 151 RANTOUL STREET		Amount of Each Disbursement this Period 343.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: POSTAGE	Transaction ID : SB17.6916
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2017.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 514.00
City PHOENIX	State AZ	Zip Code 85034	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR			Transaction ID : SB17.6871
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 230.00
City PHOENIX	State AZ	Zip Code 85034	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR			Transaction ID : SB17.6872
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 200.00
City PHOENIX	State AZ	Zip Code 85034	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR			Transaction ID : SB17.6873
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 244			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 60.00
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.6874
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.6875
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 522.00
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.6948
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 37.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6954
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6955
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 614.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6956
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 11.20
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement KORB REIMBURSEMENT: POSTAGE	Transaction ID : SB17.9254
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. V.I.P CAB COMPANY		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 2606 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 14.33
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.6882
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 432.22
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.6933
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 242 OF 244	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period -33.38
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6941 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 2.06
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6942 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 25.10
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9265 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 244			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. WALL STREET JOURNAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 10 POST OFFICE SQUARE		Amount of Each Disbursement this Period 413.40
City BOSTON	State MA	
Zip Code 02109		Transaction ID : SB17.6920
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE SUBSCRIPTION		
Candidate Name		[MEMO ITEM]
Category/Type		
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Transaction ID
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought:		
House Senate President		Disbursement For: Primary General Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Transaction ID
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought:		
House Senate President		Disbursement For: Primary General Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	217337.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 244			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MAUREEN KIDD		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 118 MAIN ST.		Amount of Each Disbursement this Period 100.00
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.9212
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00